Annual Report 2015-2016

Five Hills
Health Region

Healthy People – Healthy Communities

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The Five Hills Regional Health Authority Annual Report is located on the internet at:
www.fhhr.ca

LETTER OF TRANSMITTAL

Honourable Dustin Duncan
Minister of Health

Dear Minister Duncan,

The Five Hills Regional Health Authority is pleased to provide you and the residents of the Health Region with its 2015-2016 annual report. This report provides the audited financial statements and outlines activities and accomplishments of the Region for the year ended March 31, 2016.

The Health Region continues to remain focused on the Ministry of Health's vision and strategic priorities of Better Health, Better Care, Better Teams and Better Value. We are committed to providing quality, accessible health services for the people we serve. During the fiscal year the Region had many successes, including:

- On-budget completion of the Dr. F.H. Wigmore Regional Hospital in Moose Jaw and a successful move-in and start of operations in October. This represents the culmination of significant investments of time from organizational leaders and staff over these last years;
- Positive financial results for 2015-16, with a small surplus;
- Start-up of the MRI service at the Dr. F.H. Wigmore Regional Hospital, bringing this valuable service closer to home for the patients of our region and repatriating the over 300 patients from Five Hills and Cypress Health Regions on wait lists in Regina and Saskatoon;
- Successful completion of Acute Care portion of Accreditation survey, retaining our Accredited status as an organization.

Our successes can be attributed to the dedication and commitment of our employees and the medical staff. We are also grateful for the contributions made by our Volunteers and for the Foundations' significant efforts to ensure our communities have access to quality care.

Respectfully submitted,

E. (Betty) Collicott

Elizabeth (Betty) Collicott
Chairperson, Five Hills Regional Health Authority

INTRODUCTION

Throughout this report you will read the names Five Hills Regional Health Authority and Five Hills Health Region. The "Five Hills Regional Health Authority" is the legal name of the governance body otherwise referred to as "the Board". "Five Hills Health Region" refers to the geographic region, employees, programs and services.

Five Hills Regional Health Authority (FHRHA) is continuously striving for *"healthy people and healthy communities"*. Our commitment is to work together with you to achieve your best possible care, experience and health.

This annual report presents the FHRHA's activities and results for the fiscal year ending March 31, 2016. It reports on public commitments made and other key accomplishments of the FHRHA. Results are provided on the publicly committed strategies, actions and performance measures as identified in the Ministry of Health's System Plan and FHRHA's Strategic Plan for 2015-16. The annual report provides an opportunity to assess the accomplishments, results, lessons learned and identifies how to build on past successes for the benefit of the people in the Five Hills Health Region.

FHRHA has an accountability agreement with the Ministry of Health which sets out the Ministry's expectations of the Region for the funding it provides. It contains both high-level organizational expectations and program-specific expectations for regions. The accountability document also clarifies the Ministry of Health's organizational, program and service expectations of FHRHA. These expectations are complementary to those articulated in legislation, regulation, policy and directives subject to amendments and additions or deletions made by the Minister and Ministry of Health. The accountability agreement is based on the Ministry's health system plan.

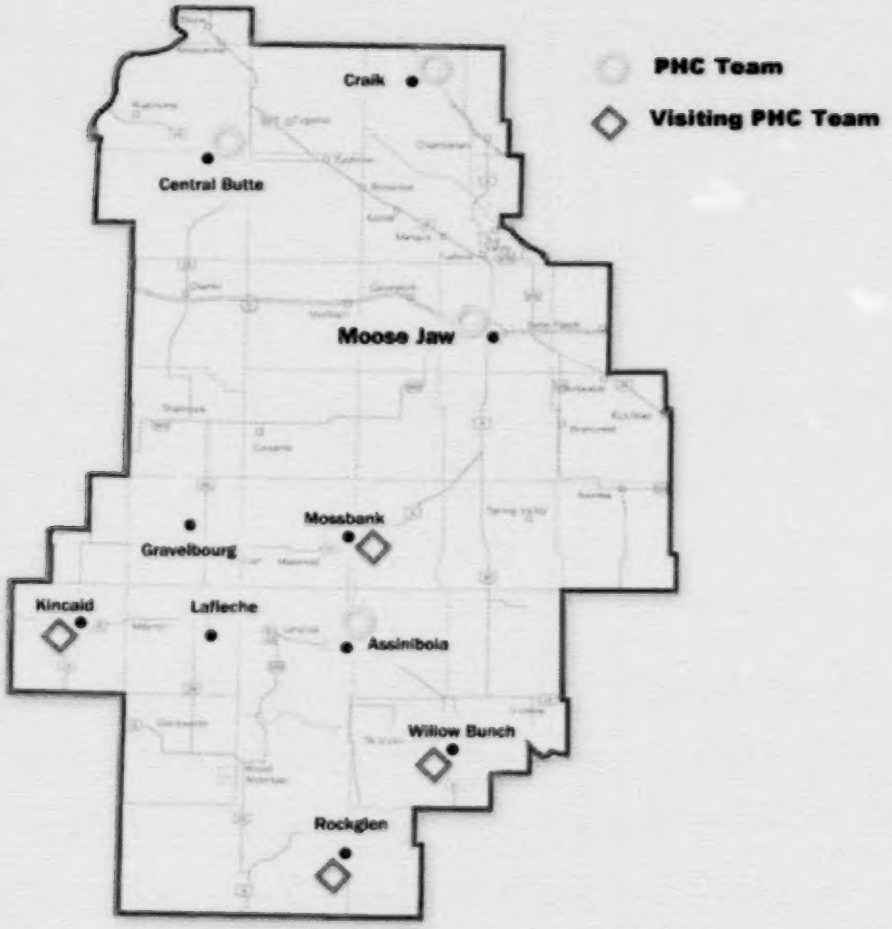
OVERVIEW

Located in south-central Saskatchewan, the Five Hills Health Region (the "Region") serves a population of approximately 54,000 in an area that extends from Lake Diefenbaker to the United States border. There are 40 communities, 27 whole and 6 partial rural municipalities and 1 First Nation reserve located in the Region and they are served by more than 1,800 staff, over 60 physicians and approximately 1,800 volunteers.

FHRHA is responsible for a comprehensive range of health services in the areas of acute care (hospital), long term care, home care, mental health and addictions, public health, primary health care and ambulance. These services are provided throughout the Region among 13 facilities, 3 affiliated agencies and several Health Care Organizations (HCOs). Several private personal care homes throughout the Region support continuing care services.

The corporate office is located in Moose Jaw and regional services administrative support is highly centralized there. The Region has efficiently organized services for finance, payroll, information technology, occupational health and safety, staff development, quality improvement and risk management, privacy, communications, nutrition and food services, laundry, housekeeping, biomedical engineering, maintenance, capital planning, security, disaster planning, materials management, human resources, labour relations, recruitment and selection, as well as related administrative support.

Facilities and Primary Health Care (PHC) Teams



Acute Care
Moose Jaw Union Hospital (Regional Hospital)

Integrated Acute and Long Term Care
Assiniboia Union Hospital
St. Joseph's Hospital/Foyer d'Youville*

Long Term Care
Ross Payant Nursing Home
Pioneers Lodge
Providence Place*
Extendicare*

*Affiliate/Contracted Agency

Integrated Long Term Care and Health Centres
Central Butte Regency Hospital
Craik and District Health Centre
Grasslands Health Centre
Lafleche and District Health Centre

Wellness Centres
Mossbank Wellness Centre
Willow Bunch Wellness Centre
Kincaid Wellness Centre

Integrated Primary Health Care
Kliniek on Main, Moose Jaw
Crescent View Clinic, Moose Jaw

Acute Care

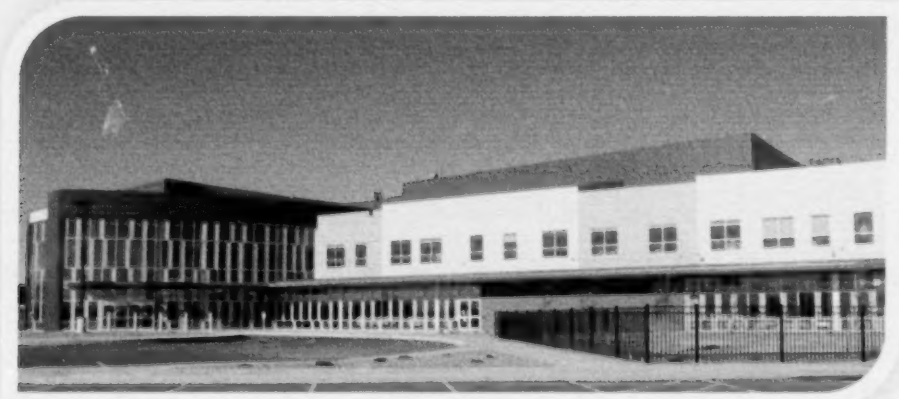
The Dr. F.H. Wigmore Regional Hospital has 72 inpatient beds providing a wide range of secondary inpatient acute care services including:

Satellite Dialysis	Paediatrics	General Surgery
Anaesthesiology	Obstetrics	Gynaecology
Family Medicine	Ophthalmology	Pathology
Internal Medicine	Psychiatry	Radiology
Orthopaedics	Urology	Mental Health & Addictions

The hospital also provides a range of outpatient services through the 42 treatment rooms in the Universal Care Unit. Outpatient services include Emergency Medicine, Ambulatory Care, Electrocardiogram (ECG), Chemotherapy and Day Surgery.

These services are supported by professionals in laboratory, diagnostic imaging, ultrasound, respiratory therapy, hyperbaric medicine, physical therapy, occupational therapy, pharmacy and central sterile supply.

DR. F.H. WIGMORE REGIONAL HOSPITAL STATISTICS								
UNIT	PATIENT DAYS		AVERAGE DAILY CENSUS		PERCENT OCCUPANCY		AVERAGE LENGTH OF STAY	
	2016	2015	2016	2015	2016	2015	2016	2015
NURSERY	0	4	0.00	0.01	0.00	1.10	0.00	4.00
INTENSIVE CARE UNIT (ICU)	1055	1103	2.88	3.02	64.06	60.44	6.85	6.41
WOMEN'S HEALTH	1442	1580	3.94	4.33	60.61	61.84	2.35	2.29
PEDIATRICS	1954	1787	5.34	4.90	53.39	48.96	2.58	2.64
MENTAL HEALTH	3112	3297	8.50	9.03	70.86	75.27	13.65	14.52
SURGERY	6267	5844	17.12	16.01	88.17	84.27	4.83	4.62
MEDICINE	8151	8494	22.27	23.27	106.05	77.57	5.79	6.11
TOTAL ADULT	21981	22109	60.06	60.57	81.16	78.67	4.93	5.00
TOTAL NEWBORN	1171	1209	3.20	3.31	31.99	33.12	2.21	2.22
TOTAL ADULT AND NEWBORN	23152	23318	63.26	63.88	75.31	73.43	4.64	4.70



The Assiniboia Union Hospital (16 beds) in Assiniboia and St. Joseph's Hospital/Foyer d'Youville (9 beds), in Gravelbourg are designated as community hospitals in the Region. Community hospitals provide acute inpatient medical care and emergency room coverage with 24/7 Registered Nurse (RN) staffing. Each hospital is integrated with long term care beds, including designated respite and convalescent care.

Emergency Department Visits		
	2016	2015
Dr. F.H. Wigmore Regional Hospital	29742	30694
Assiniboia Union Hospital	4773	4755
St. Joseph's Hospital*	5556	5095
Central Butte Regency Hospital	124	60

*Affiliate/Contracted Agency

Acute Care Facilities								
	Inpatient Days (Adult)		Average Daily Census		Percent Occupancy		Average Length of Stay	
	2016	2015	2016	2015	2016	2015	2016	2015
Dr. F.H. Wigmore Regional Hospital	21981	22109	60.06	60.57	81.16	78.67	4.93	5.00
Assiniboia Union Hospital	3125	2884	8.54	7.90	71.15	65.83	8.08	8.04
St. Joseph's Hospital*	2187	1995	5.98	5.47	66.39	60.77	4.40	4.28

*Affiliate/Contracted Agency

Long Term Care Facilities						
	Resident Days		Average Daily Census		Percent Occupancy	
	2016	2015	2016	2015	2016	2015
Central Butte Regency Hospital	9580	7873	26.17	21.57	96.94	79.89
Assiniboia Union Hospital	7991	8006	21.83	21.93	99.24	99.70
Craik and District Health Centre	5908	5423	16.14	14.86	89.68	82.54
Ross Payant Nursing Home	13121	12532	35.85	34.33	94.34	90.35
Lafleche Health Centre	5163	4969	14.11	13.61	88.17	85.09
Grasslands Health Centre	5367	5592	14.66	15.32	86.26	90.12
Extendicare*	43920	44786	120.00	122.70	96.00	98.16
Pioneers Housing	25924	25464	70.83	69.76	95.72	94.28
St. Joseph's Hospital*	15652	13842	42.77	37.92	85.53	75.85
Providence Place*	62452	62075	170.63	170.07	98.07	97.74

*Affiliate/Contracted Agency

COMMUNITY HEALTH SERVICES

The Community Health Services portfolio exists to better align services with Saskatchewan's Health System Plan which puts the "Patient First". It is a move away from traditional structures which reinforce silo practice and improves access to health care services where and when our customers need it. Our goal is to achieve better health care outcomes for our customers and the integration of these programs (Primary Health Care, Public Health and Mental Health and Addictions Services) is helping to achieve these results.

Primary Health Care

Primary Health Care (PHC) is the day-to-day care needed to protect, maintain or restore our health and accounts for over 80% of all healthcare interactions. It is often a first point of contact with the health system, delivered by teams of physicians, nurse practitioners, pharmacists, therapists, and others. A strong Primary Health Care system engages with patients, families and communities; enables teams to flourish; is proactive in preventing and managing chronic conditions and encourages innovation. Within Five Hills, Primary Health Care continued to focus on both stabilizing services and progressing innovation.

Primary Health Care is advancing the use of technology to better integrate multidisciplinary teams. The electronic health record was implemented in all Regional PHC sites and work was completed to bring Patient Education, Therapies, the Depot Clinic (Mental Health & Addictions Services) and the Teen Wellness Clinic into the Med Access electronic health record program. This advancement strengthened communication between providers and continuity of care for patients. Efforts continued to maximize the flow of information between providers.

In addition, Kliniek on Main and Public Health Nursing continue to develop the program offering specialized services to the Newcomer population in Moose Jaw which saw a significant influx of Syrian refugees this winter.

Telehealth is available at the PHC locations in Rockglen, Gravelbourg, Assiniboia, Craik, Central Butte and Moose Jaw at Kliniek on Main. Work continues to understand and advance the use of telehealth technology to creatively address healthcare in such a way to meet patient and family needs.

In the southern portion of the Region, the Director of PHC Teams and Public Health Nursing is responsible for the Wellness Centres, Assiniboia PHC Team and regional Public Health Nursing services. Sun Country Health Region, Five Hills Health Region and South Country Medical Clinic (now called Red Coat Primary Health Care Clinic) continue to work together to develop a consistent approach to services for the Coronach, Rockglen, Willow Bunch and Assiniboia areas. With the announcement of physician departures in Assiniboia, physician recruitment to the area started in late 2015 and preparations began for FHHR to assume full responsibility for the Primary Health Care Clinic as of June 1, 2016.

For the Craik and Central Butte teams, stabilizing services for the communities they serve continued as an area of emphasis as they recruited and welcomed new physicians and nurse practitioners. Assisting the strong local team in Central Butte, physicians from the Kliniek on Main team from Moose Jaw continue to be key to stabilizing PHC services for residents.

Five Hills and Heartland Health Regions achieved their targeted minimum of a three-physician group to provide stable, 24/7 coverage to the Emergency Room (ER) in Davidson and day-to-day physician services in Craik and Davidson with the recruitment of two new physicians to the area.

The addition of these new physicians, the first in February 2015 and the second in October 2015 made a notable impact on the number of days of disruption (physician not available to take emergency call) at the hospital in Davidson. In 2014/15 the hospital experienced a total of 156.6 days of disruption compared to a total of 34.1 days in 2015/16.

Patient Education

Highlights of the year for Patient Education included the physical move of the department to the Dr. F. H. Wigmore Regional Hospital, Chronic Disease Management work, and ongoing improvement efforts. The Patient Education Center provides services for Diabetes and Cardiac Rehab care for the region. Diabetes clinics continue to be offered at Primary Health Care sites in Craik and Central Butte and also in the Assiniboia area.

The Patient Education team's main focus for the year was the preparation and move into their new location. Efforts to improve flow of patients, providers, and information while refining operations within a collaborative unit in the new location are ongoing.

There was continued improvement work within Cardiac Rehab programming, building on last year's success at integrating and streamlining the initial assessment for patients. The team has identified two priorities for the upcoming year, triaging patients for entry to service and enhanced provider scheduling to ensure consistent flow of patient into and out of the program.

The Diabetes Team's improvement work related to integrated visits. The goals included improving integration of care for patients and better health outcomes. Three additional clinics were initiated including Kincaid Wellness Center, Kliniek on Main PHC site, and a Pediatric Diabetes clinic.

Chronic Disease Management planning has also been a priority in the last year. Along with the Integrated Diabetes clinics mentioned above, there has been focused work on understanding and improving self-management support services in the Region, including expanding the Live Well with Chronic Conditions education program and integrating motivational interviewing techniques into services.

Crescent View Clinic in Moose Jaw is one of eight innovation sites in the province and was designed primarily to manage acute, episodic illnesses in support of reducing wait times in the emergency department for patients requiring urgent but not emergent care. In addition, the clinic provides support to patients of family physician practices for episodic illnesses when they cannot see their practitioner on short notice. Crescent View also offers adult mental health and addiction services.

Following a 3P design event in the winter of 2014/15, Crescent View Clinic was renovated with the intention of integrating the Access Center, Home Care, and selected Public Health and Mental Health programming into one centrally-located center. Renovations were completed and the integrated team moved into the facility in the summer. As the new team settles into the new space, opportunities for enhanced care and integration are emerging.

Mental Health and Addictions

The 10-year Mental Health and Addictions Action Plan (MHAAP), released in December 2014, is guiding government's efforts to improve services to people with mental health and addictions needs. A governance and accountability structure has been created to provide leadership and direction on inter-ministerial efforts. Task teams have also been meeting to address the various prioritized recommendations in the Action Plan and driver diagrams have been created.

Mental Health and Addictions Services provide acute adult inpatient mental health and outpatient mental health and addictions care for children, youth and adults in Moose Jaw. A satellite outpatient clinic is held in Assiniboia.

The Thunder Creek Rehabilitation Association provides residential services, community supports and pre-vocational programs for adults experiencing severe mental illness. Residential services will be enhanced as the Saskatchewan Housing Corporation will be contributing up to 70% (1.2 million dollars) of the projected 1.9 million dollars to build 12 new one-bedroom units. Funds will be provided to Moose Jaw Non-Profit Housing Corporation who work in partnership with Thunder Creek Rehabilitation Association, Moose Jaw Housing Authority and the City of Moose Jaw. Units will provide housing for adults who experience severe and persistent mental illness and addictions. These adults are supported in managing tenancy with Adult Community Support programs available through the Region and its partners.

The Region provides a wide range of treatment options for adolescents and adults with addictions related issues. Wakamow Manor, operated by Thunder Creek Rehabilitation Association, provides a 20-bed detoxification centre for individuals over the age of 16 who are seeking assistance to withdraw from alcohol and or other drugs. The centre provides two transition beds for clients who are waiting for Residential Addictions Treatment. Riverside Mission and Hope Inn provides residential services for those individuals in recovery from a substance-related disorder.

Mental Health promotion and education programs and programs for prevention of substance abuse are available for the public and human services professionals. The Canadian Mental Health Association also provides mental health promotion, public education and prevention information and literature on mental health and mental illness.

All outpatient services and programs may be accessed through the Mental Health & Addictions Centralized Intake department. Centralized Intake responds to all initial requests for mental health and addictions information or services from individuals, family physicians, family members or community agency members.

Public Health Services

Public Health Services (PHS) focuses on prevention, health protection, and population health promotion. Under the leadership of the Executive Director, Integrated Population Health Services and Medical Health Officer, PHS provides a range of services, programs and functions, including:

- public health nursing
- public health inspection
- Communicable Disease control, investigation, and follow-up

- public health nutrition
- dental health education
- epidemiology & statistical analysis capacity
- population health promotion
- speech and language pathology services
- Teen Wellness Clinic
- Needle Exchange Program (NEP)
- Ongoing communications with media outlets

Prevention

Prevention of disease is the best way to reduce wait times and alleviate pressures on hospitals. Some of the work done on prevention over the past year includes:

Supports to Pregnant and Parenting Families

- Continuation and enhancement of services to support the development of healthy families. This includes Child Health Clinics, prenatal services in the classroom and online, postnatal home visiting, and follow up for families with increased need or specific concerns or challenges. Post-natal visiting has been involved in improvement work looking at improving timely access to a Public Health Nurse (PHN) upon discharge from the hospital and standards for assessment.
- Baby's Best Start delivers enhancement of specialized programming for high risk prenatal clients and parents requiring additional supports following baby's birth. This team's work was highlighted at a provincial prevention conference.
- Establishment of collection and reporting methods for breastfeeding rates have identified focused areas of improvement.

Immunization Programs

- PHNs continue efforts to understand barriers to immunization and address these barriers.
- Improved access to influenza vaccine utilizing the principles of traditional and non-traditional settings, flexible hours and coordinated efforts with providers in the region.

Reduction of Sexually Transmitted Infection (STIs)

- Work continues to reduce the occurrence of STIs in keeping with the Provincial strategic priority.
- The Teen Wellness Clinic supports community youth by providing confidential, timely, and relevant STI prevention and treatment services, as well as advising on and providing contraceptive counselling and related services. The availability of an Electronic Medical Record enhances collaboration and continuity of care for this population.
- Testing rates have peaked over the year with fluctuating rates of STI detection. Chlamydia remains the most commonly encountered reportable STI in the Region and the Province.

Prevention and Mitigation of Blood-Borne Pathogens (BBPs):

- Surveillance of (amongst others) potential exposures occurring in the community such as needlesticks and splashes.
- Liaison with physicians regarding follow-up actions in regard to community members.
- Advising Occupational Health on individual cases where necessary.

Speech Language Pathology

- The Speech Language Pathology Department had a total of 186 referrals for children under the age of five years, a decrease of 1.6% from 2014. The department continued to meet national response targets for date of referral to date of first contact. Referral sources included Public Health Nurses, Family Physicians, Paediatricians, Nurse Practitioners, Occupational Therapists, Physical Therapists, Dental Health Educators, Parents, Autism Spectrum Disorders Consultants, Early Childhood Psychologists, Wascana Rehabilitation Center Children's Program and Developmental Assessment Clinic, Early Childhood Intervention Program, daycares, and preschools.

Protection

Public Health Services staff are always available to ensure the public is protected in cases of outbreaks and emergencies.

Emergency Response

- Preparations for Level Four Infection Control have been undertaken, involving Infection Prevention and Control, ER, and Public Health Services. This includes preparation for potential pathogens such as Ebola, MERS-COV and Avian influenza.

Mitigating the Effect of Zika-Virus:

- Sharing information with clinicians and others regarding the prevention and mitigation of Zika-Virus infection, especially in pregnant women and those planning a pregnancy.

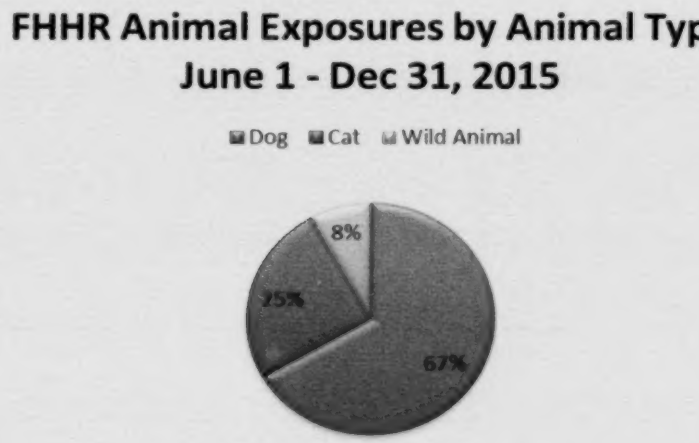
Public Health Inspection

- The Ministry of Health requires that Public Health Inspectors complete at least one inspection per year on Category 1 facilities. Five Hills has once again achieved 100% completion of these mandatory inspections.

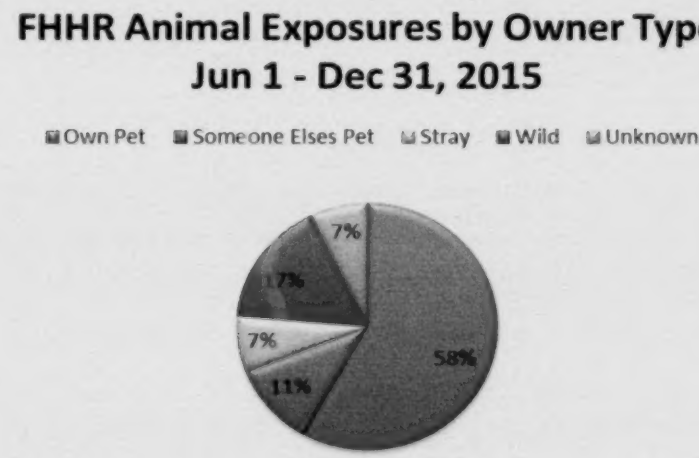
CATEGORY 1 FACILITIES	# OF PREMISES OPEN	TOTAL # OF INSPECTIONS	# OF PREMISES WITH MINIMUM ONE INSPECTION	2015/16 COMPLETION RATE
Public Eating Establishments	289	451	289	100%
Public Water Supplies	38	58	38	100%
Swimming Pools	21	69	21	100%
Whirlpools	7	25	7	100%
Paddling Pools	7	12	7	100%
Slaughter Houses	2	5	2	100%
Ice Arenas	21	28	21	100%
Licensed Accommodations	33	38	33	100%
Personal Service Facilities	7	9	7	100%
Food Processors	33	38	33	100%
Total	**458**	**733**	**458**	**100%**

Animal Bites/Exposures

- From January 1, 2015 to December 31, 2015 Public Health Inspectors investigated 87 animal bites and/or exposures. The large majority of animal exposures in the Region are by dogs, followed by cats and wild animals such as bats.



- The majority of animal exposures were by the owner's own pet, followed by wild animals, someone else's pet and strays.



Health Promotion endeavors focus largely on supporting the population within the Region. This has included various projects over the past year:

Oral Health Promotion Program

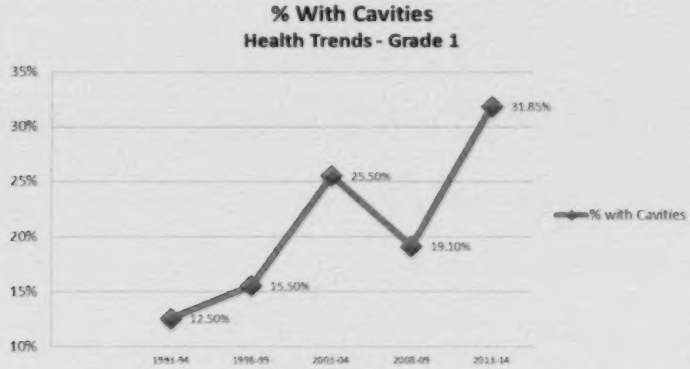
Every five years the Ministry of Health assesses the oral health of children in Saskatchewan. This is done through dental screenings for Grade 1 and 7 students. The 2013-2014 dental health screening in Five Hills Health Region is the fifth of the series of screening surveys conducted since 1993-1994.

The data collected will help to:

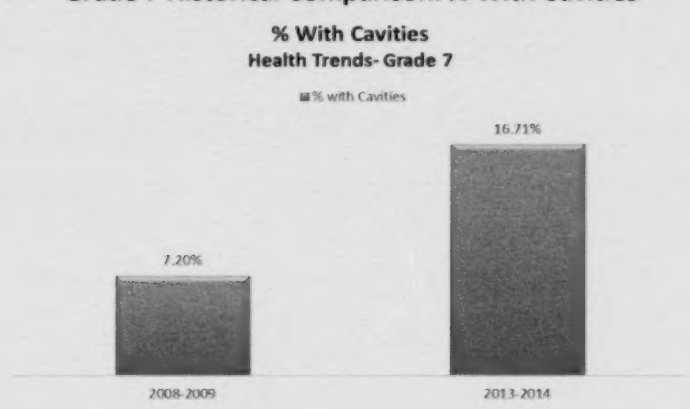
- Monitor trends;
- Identify students with unmet dental needs;
- Track schools that are at high risk for tooth decay;
- Monitor the effectiveness of the preventive oral health programs in place; and
- Provide needs-based data for the health regions and the Saskatchewan Ministry of Health.

The Region's screening results showed the oral health of children has relatively declined during the last 20 years from 1993-1994 until now, especially the prevalence of dental decay. The number of Grade 1 students with cavities increased from 12.50% in 1993-1994 to 31.85% in 2013-2014. As well, the results revealed deterioration in the dental health of the Grade 7 students in 2013-2014 over a 5 year period.

Grade 1 Historical Comparison: % With Cavities



Grade 7 Historical Comparison: % With Cavities



The results of the screenings are used to identify schools at risk and implement the appropriate dental health promotion programs in the schools.

The Oral Health Promotion team works in the following ways to help prevent and lower the occurrence of dental decay in the Region:

- Visiting selected schools which have been identified "at risk" and screening children in grades 1, 2, 7 and 8 for the appropriateness of a protective sealant being applied to the chewing surfaces of permanent molars to help prevent tooth decay. The sealants are placed along with an application of fluoride varnish.
- Promote fluoride mouth rinse programs in high-risk communities. There are presently 12 schools in FHHR that participate in the school-based fluoride mouth rinse program, with 90% of the students in these schools that participate.
- Targeting preschool aged children with the fluoride varnish program offered in various communities to help reduce the incidence and severity of tooth decay.
- Referrals for early screening and fluoride varnish applications are offered to infants and children attending Child Health Clinics.

Healthy Weights

- The Public Health Nutritionist has:
  - Collaborated with Mental Health and Addictions to host regular sessions via telehealth for parents, caregivers and professionals called "Helping Children Be Good Eaters" (HCBGE). A specific session to KidsFirst staff and clients was also held. The session focuses on the "Division of Responsibility" between the role of a parent/caregiver with feeding versus the role of a child with eating. A communication strategy has also been implemented including presentations to physicians, residents, nurses and dietitians on program availability and need for consistent messaging to families.
  - Collaborated with Mind, Exercise, Nutrition, Do it (MEND) to increase uptake to existing family-based programming in Moose Jaw as well as implement programming in Assiniboia, one of our rural communities.
  - Collaborated with the Early Childhood Coalition to release information to the media on the regional Body Mass Index data of four-year olds collected in 2013 and the supports available for families in our communities including HCBGE and MEND.
  - Held three Food Mentoring Workshops to promote evidence-based messaging and resources around food and nutrition topics to organizations working with clients in the region.
  - Partnered with the City of Moose Jaw and the PlaMor rink concessionaire to survey customers on food/beverage choices available and to implement healthier food/beverage choices and marketing strategies where able.

Food Security

- The FHHR Public Health Nutritionist has:
  - Collaborated with the partners of the South Central Food Security Network to:
    - Improve the local Farmer's Market experience in Moose Jaw as identified by the community as a need. A representative board has been formed and the Langdon Crescent location has been secured for the second year in a row.
    - In partnership with the Wakamow Valley Authority, conducted an evaluation for year one of the Mosaic Community Food Farm, two acres of garden to grow fresh

produce for organizations serving vulnerable populations in Moose Jaw. Planting begins in June 2016 for year two of this food security initiative.

- Participated provincially in a review of existing evidence on the impact of the built environment, specifically healthy food systems, on the health of our population. A paper outlining the evidence as well as the role that Registered Dietitians could play, was drafted and released to key stakeholders in Saskatchewan. The paper is being presented and shared through various means including the Dietitian of Canada Conference (June 2016) and the Chronic Disease and Prevention Management Conference (May 2016).

CONTINUING CARE SERVICES

Continuing Care services, including Home Care services and Institutional Care, are generally provided to a population of the elderly persons over the age of 75 years. The continuing care program includes the primary home care services of assessment, case management and care coordination of home care nursing, home care personal care, home care outpatient ambulatory services, respite care, meal service as well as individualized funding. Institutional supportive care includes long term care, transitional/alternate level of care (not-acute care), respite care, palliative care, inpatient geriatric assessment and rehabilitation and podiatry services.

The Five Hills Access Centre (FHAC) provides a single point of entry to Continuing Care services. The primary focus of the Access Centre is client-centered assessment and case management services. All referrals for Continuing Care services in the Region including home care, respite, palliative care, long term care, and transition services are managed through the FHAC. FHAC is also responsible for discharge planning services from the regional hospital, coordination of admissions/discharges to transition, respite, palliative and long term care beds throughout the Region.

Special Care Homes (SCH) provide the institutional long term care services as part of the continuum of care within an integrated health care system. A SCH provides 24-hour, supervised institutional long term care services to meet the significantly high care needs of individuals whose care needs are not appropriately met in the community.

Commonly known as nursing homes, SCHs provide an environment in which individuals can achieve and maintain the highest level of independence and quality of life possible. The SCH program guidelines are considered the minimum standards of care and must be maintained in all publicly funded facilities that offer long term care services to residents. The guidelines incorporate a resident and family-centered approach to services provided in a home like environment with a focus on quality for the individuals that require this level of care.

Institutional supportive care is available to over 530 long term care residents in the Region. In addition, Five Hills offers 14 Geriatric Assessment and Rehabilitation beds. Over half of institutional long term care support (65%) is provided by affiliate (Providence Place and St. Joseph's/Foyer d'Youville) and contracted organizations (Extendicare).

Long term care services are provided in Rockglen, Assiniboia, Lafleche, Central Butte, Craik, Gravelbourg and Moose Jaw. Community-based clients are further supported with adult day programs located at Providence Place in Moose Jaw and Central Butte Regency Manor in Central Butte.

The Minimum Data Set (MDS) is a tool currently utilized in all SCH facilities in the Province to assist with assessment, care planning and monitoring quality of care delivery. The MDS generates quarterly reports for every LTC resident that assists the SCH in resident care planning and advancing quality initiatives. MDS provides quality indicators that identify strengths in care provided and areas where improvement can be made. All Regional facilities incorporate MDS and continue to monitor quality indicators to provide quality care.

HEALTH CARE ORGANIZATIONS (HCOs)

The Region either directly delivers health services through its staff or contracts with other agencies for the provision of services. These contracted agencies are referred to as HCOs and include all private sector, community-based, and affiliated (religious-based) service agencies that provide ambulance, addiction, mental health, long term care and acute services. HCOs are accountable through and to the Five Hills Health Region. Contracts are with the following HCOs and private providers to deliver health services:

Canadian Mental Health Association, Moose Jaw Branch, provides community education and awareness of mental illness.

Extendicare operates a 125-bed long term care facility in Moose Jaw.

Hutch Ambulance Services provides ground ambulance services for Assiniboia and area.

Moose Jaw and District EMS provides ground ambulance services for Moose Jaw and area and Central Butte and area.

Providence Place operates a 160-bed long term care facility, a 14-bed Geriatric Assessment and Rehabilitation Unit and an adult day program, located in Moose Jaw.

St. Joseph's Hospital/Foyer d'Youville operates a 50-bed long term care and 9-bed acute care facility in Gravelbourg and provides ground ambulance services in Gravelbourg and area.

Thunder Creek Rehabilitation Association provides residential services and programs for adults with severe and persistent mental illness in Moose Jaw.

Wakamow Manor operates a 20 bed (plus 2 transitional beds) social detox centre in Moose Jaw for drugs and alcohol.

GOVERNANCE

Five Hills Health Region is governed by a nine-member Five Hills Regional Health Authority (FHRHA), appointed by the Lieutenant Governor in Council and accountable to the Minister of Health. The members of the FHRHA, also referred to as the Board, represent a mixture of rural and urban backgrounds. The members are Elizabeth (Betty) Collicott, Chairperson, of Moose Jaw; Donald Shanner, Vice Chairperson, of Moose Jaw; Grant Berger of Central Butte; Janet Day of Avonlea; Gwen Eyre of Craik; Alvin Klassen of Central Butte; Tracey Kuffner of Glenworth; Brian Martynook of Moose Jaw; and Carol Wittman of Moose Jaw.

Front row left to right: Carol Wittman, Tracey Kuffner, Betty Collicott, Janet Day
Back row left to right: Donald Shanner, Brian Martynook, Grant Berger, Alvin Klassen
Missing: Gwen Eyre

The roles and responsibilities of the FHRHA are set out in *The Regional Health Services Act* and in their General Bylaws. The Authority is responsible for the planning, organization, delivery and evaluation of the health services it provides throughout the Region, namely:

- Strategic planning;
- Fiscal management and reporting;
- Relationships with stakeholders;
- Quality management initiatives;
- Monitoring, evaluation and reporting of performance indicators; and
- Monitoring, management and performance of the Authority and Chief Executive Officer.

The FHRHA Planning Committee (a committee of the whole) carries out the functions of Audit, Finance, Human Resources, Quality, Safety, Risk, Strategic Planning and other functions as may be required by the Board. The Planning Committee is supported by the Executive Committee whose membership consists of the Chairperson, Vice Chairperson and one other Board member. The Authority also utilizes ad hoc committees as necessary (i.e. HR Committee) whose membership will consist of Board Members, the Chief Executive Officer and members of the Senior Leadership Team as required.

COMMUNITY ADVISORY NETWORKS

The Regional Health Services Act, Section 28 states:

> *28(1) A regional health authority shall establish one or more community advisory networks for the health region for the purpose of providing the regional health authority with advice respecting the provision of health services in the health region or any portion of the health region.*
>
> *(2) The minister may provide directions to regional health authorities with respect to the establishment and composition of community advisory networks.*
>
> *(3) Persons who participate in a community advisory network are not entitled to remuneration with respect to that participation.*

The Board has a network in place for receiving advice from a number and variety of communities. Primary health care development, with its significant community development component, rounds out the existing network. The attached Appendix B provides a listing of organizations with whom the Region interacts.

PROGRESS IN 2015-2016

Over the past year, significant focus was placed on the Region's **Values and Principles** which guide the delivery of health care services in Five Hills Health Region. Each value is defined by operating principles:

Respect

- Valuing and honouring each other's perspectives, diverse beliefs and choices
- Being compassionate and treating each other with dignity
- Honouring fairness and confidentiality
- Recognizing and celebrating contributions of others

Engagement

- Collaborating with clients, providers and stakeholders to achieve the best possible health outcomes
- Actively engaging clients, providers and community stakeholders in the health planning, delivery and evaluation of health services

Excellence

- Learning and improving as individuals and as a system in the relentless pursuit of service excellence, quality and safety
- Achieving a high performing health care system through continuous innovation
- Focusing on care outcomes informed by evidence and sound judgement
- Leading with vision and the courage to do what's right

Transparency

- Building trust through open honest communication
- Providing useful evidenced-based information about health care services
- Disclosing the information about the planning and performance of our Health Region

Accountability

- Demonstrating integrity, ethical behaviour and responsibility for our actions
- Monitoring, evaluating and reporting the performance of our Health Region
- Thinking and acting as an integrated system in the provision of services responsive to citizen and community needs
- Being good stewards of the resources entrusted to the Health Region

The following is a summary of the major initiatives undertaken in the 2015-2016 year.

NEW REGIONAL HOSPITAL

The new hospital project in Moose Jaw, including all of the work resulting from the change of hospital location dominated the work of many in our Region in 2015-16. In addition to completion of construction, the preparation for and execution of the move itself was a major undertaking.

The safety of our patients was the primary focus in and around the move from the Moose Jaw Union Hospital. Where possible we ramped down our services in the weeks preceding the move to lower our patient load. In addition, we connected with neighboring regions to ensure appropriate levels of coverage in the event we required their support in ways we would not normally require during regular operations.

It was announced on October 6, 2015 that the hospital would be named the Dr. F.H. Wigmore Regional Hospital. Dr. Wigmore was a highly respected general surgeon in Moose Jaw from 1939-1983. A dedicated member of the medical community in particular and of the Moose Jaw community in general, he was a fitting namesake for the new building. A grand opening ceremony was held on November 6, 2015.

Front row left to right: James Murdock, Moose Jaw Health Foundation Board Chairperson; Honourable Dustin Duncan; Minister of Health; and Betty Collicott, FHRHA Board Chairperson.

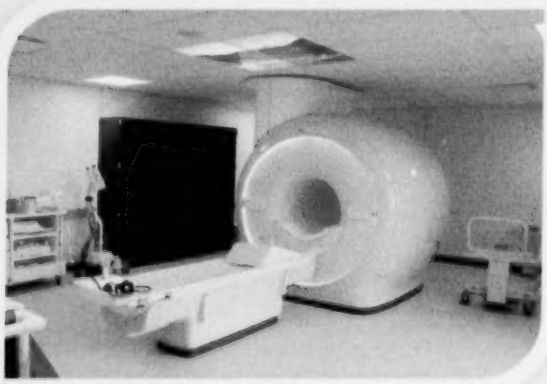
Back row left to right: Greg Lawrence, MLA Moose Jaw Wakamow; Warren Michelson, MLA Moose Jaw North; Deb Higgins, Mayor, Moose Jaw; and Bob Himbeault, Mayor, Assiniboia

Much of the new equipment in the hospital was purchased with the support of the Moose Jaw Health Foundation's Capital Campaign which raised over $8.2 million in the initial phase of the campaign. This support enabled the purchase of state of the art equipment including a new MRI (Magnetic Resonance Imaging), a 128-slice CT (Computed Tomography) scanner, new ultrasound and x-ray machines, as well as outfitting patient rooms throughout the building. The incredible generosity from individuals and businesses throughout the Region is indicative of the level of commitment to the new hospital across the Region.

Single patient rooms throughout inpatient units with fold out couch for a family member

The new MRI program began receiving patients on January 14, 2015 initiating the repatriation of the over 300 individuals from our Region and the Cypress Health Region who had been on wait lists in Regina or Saskatoon. A Grand Opening event followed on February 11, 2016 as we celebrated this important new service in our Region and the resulting shorter wait times and less travel for residents.

Pictured left to right: Dave Reidy, Moose Jaw Health Foundation Capital Campaign Chair; Dr. C.F. Wigmore, FHHR Senior Medical Officer; Dr. A. DuToit, FHHR Diagnostic Imaging Department Head; Cheryl Craig, FHHR President and CEO; and Honourable Greg Ottenbreit, Minister Responsible for Rural and Remote Health



New MRI at the Dr. F.H. Wigmore Regional Hospital

The Premier announced in June 2015 that space would be added to accommodate the Hyperbaric Chamber in the new hospital. The capital costs for both construction and equipment were taken on by the Moose Jaw Health Foundation and initiated a 'stretch campaign,' where an additional $2.34 million was targeted. Construction began shortly after the announcement and was completed early in the New Year. Having been put on hiatus shortly before our move in early October, the re-launched service began seeing patients on March 9, 2016.

Representatives from the Moose Jaw Firefighters Association, Moose Jaw Health Foundation, Hyperbaric Medicine Program, FHHR representatives, local MLAs and Premier Brad Wall were in attendance.

PATIENT-AND FAMILY-CENTRED CARE

Our Patient and Family Centred Care (PFCC) journey continues and it is evident that we are on the right path. Patient and family members as well as staff are becoming more open and aware of the importance of having the patients at the center of care, improving health outcomes.

Progress has been made advancing PFCC within the Region this year. Notable highlights:

1. Steering committee in place including five Patient Family Advisors (PFA) and five staff members.
2. Open Presence visiting announced during the opening of Dr. F.H. Wigmore Regional Hospital and officially for all FHHR facilities on March 31, 2016, enabling patient family members to be with their loved one in health care facilities at any time.
3. Patient and Family Advisor recruitment and orientation content was developed and standardized across the province including branding material, content and orientation materials to ensure all PFAs have a consistent knowledge of engagement. We have implemented all materials and orientated five new PFAs utilizing this new standard orientation.

Overview of Our Engagement

Improvement Events

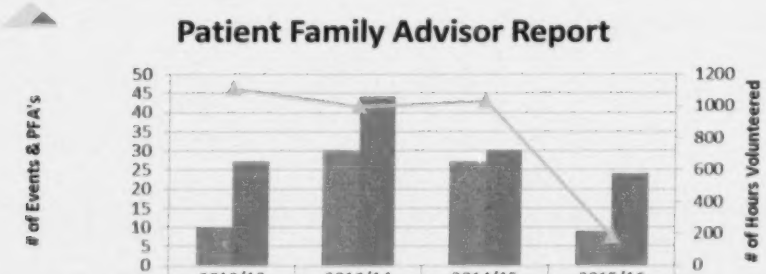
PFAs are key contributors to all of our formal improvement events. PFAs were involved in events targeting improvements in Long Term Care including morning care routines, room turnover, and reducing the use of anti-psychotic medications. As well, they played an important role in helping teams prepare for various care scenarios prior to the opening of Crescent View Clinic and the Dr. F. H. Wigmore Regional Hospital.

General Orientation & Staff Education

PFAs began playing a role in our general orientation this year. Each month one of our PFAs shares their story and the ongoing results of interactions with employees in health care. This has a great impact on our new staff. In addition, the Human Resources Forum (out of scope staff and managers) was used to share our PFCC journey and the provincial targets that we have been working on this year.

Ongoing Regional PFA Involvement

Finally, PFAs contribute as members of the Poverty Reduction Committee, the Regional Ethics Committee and the Regional Patient Family Centered Care Committee.



Although our PFA involvement decreased in hours this year with the move to the new hospital facility, we have increased involvement in committees and feedback for programs within the Region.

Quotes from Improvement Events

"I like the idea of the flow charts in the resident's room for family information. I like the bento boxes; it cleans up the resident's room. White boards are excellent, and will be used as everyone becomes familiar with them. [We] introduced Resident/Family/Staff communication boards in all resident rooms."

Joan Hagley, Patient/Family Representative, Rapid Process Improvement Workshop #49

"As a layperson I found it very helpful to learn about the process in regards to antipsychotic medication. I can see how a complete history of the resident is helpful to see if the resident actually needs the antipsychotic medication. Also input from the family is very important."

Liz Black, Patient/Family Representative, Standard Work Event #11

ALIGNMENT WITH STRATEGIC DIRECTION

Mission
Five Hills Health Region employees work together with you to achieve your best possible care, experience and health.

Vision
Healthy People – Healthy Communities

Values
Respect, Accountability, Engagement, Excellence, Transparency

Our Vision, Mission and Values along with the Region's Strategic Plan for the 2015-2016 year, set a clear sense of direction for our leadership team, staff and physicians as we provide health services to our customers and their families. Many sources were involved in the development of the strategic plan, including the Saskatchewan Ministry of Health, the Patient First Review, Accreditation Canada, Health Quality Council, Community Consultations, Customer Feedback and Staff and Physicians of the Five Hills Health Region.

As in past years, the Region continues to focus on the four Provincial enduring strategies in order to make improvements to the health system – **Better Health, Better Care, Better Value** and **Better Teams.**

Better Health
Improve population health through health promotion, protection and disease prevention, and collaborating with communities and different government organizations to close the health disparity gap.

Better Care
In partnership with patients and families, improve the individual's experience, achieve timely access and continuously improve healthcare safety.

Better Value
Achieve best value for money, improve transparency and accountability and strategically invest in facilities, equipment and information infrastructure.

Better Teams
Build safe, supportive and quality workplaces that support patient and family centred care and collaborative practices and develop a highly skilled, professional and diverse workforce that has a sufficient number and mix of service providers.

Health leaders from within the Region have taken the enduring strategies and breakthrough initiatives back to the directors and staff, where they then developed improvement projects that would assist in achieving the health system goals of the Province. Five Hills Health Region's strategic plan, in aligning with the Ministry of Health's System Plan, outlines a vision for improving access to a health system that provides **Better Health, Better Care, Better Value** and **Better Teams** for our residents. In addition to this alignment with the "Betters", FHRHA continued to operate with four "service lines" that align with the five metrics of Quality, Cost, Delivery, Safety and Morale (QCDSM). We are organized into "service lines"' intended to bring areas of specialty with overlapping areas of patient/client focus. Each service line identifies areas of operational performance needing improvement or continuous monitoring and develops targets and goals associated with these. In the following pages you will find an outline of the Region's service lines, an explanation of the QCDSM metrics and the Region's subsequent improvement projects and their results.

Quality

- Services received by the patient **must fit their precise intended use** while serving the patient's needs.
- Services **must meet patient requirements** and conform to their specifications.
- Services must be **accompanied by excellent service** before, during and after delivery.

Cost

- Products and services **must be cost-effective.**
- Services must be **costed effectively**.
- Concentrated efforts are made to **eliminate waste** and to do only those things that **add value to the patient**.
- **Costs are controlled with suppliers and vendors** in order to result in lower costs for products and services.

Delivery

- **Superior delivery** of services is critical.
- Patients must receive **the right service**, in the **right place**, at the **right time**, in the **right manner**.
- Services must be **timely, reliable** and **courteous.**
- Patients expect reliable services so that they are assured we will meet their needs in the future.

Safety

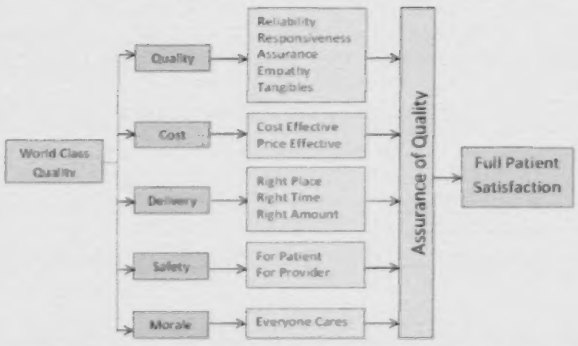
- The importance for the **patient** of **safety** in using our services is paramount.
- Full satisfaction to the patient also means ensuring **safety** for **all employees** who provide the services.

Morale

- Service reliability and high quality require that people have high morale and competence.
- **Employee morale** and **education** are **critical aspects to full patient satisfaction.**
- Patients must be assured that the people who deliver their services really understand and care about doing a good job.

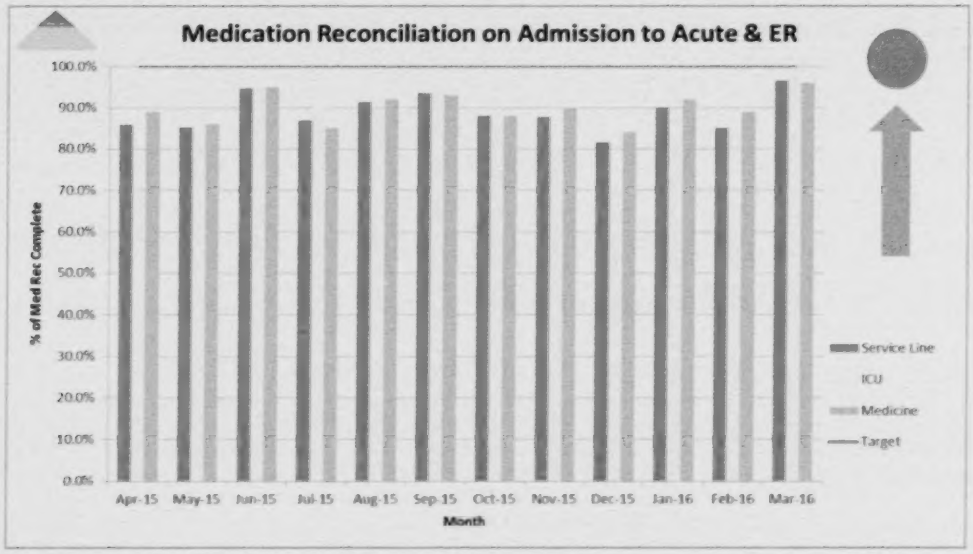
SERVICE LINES

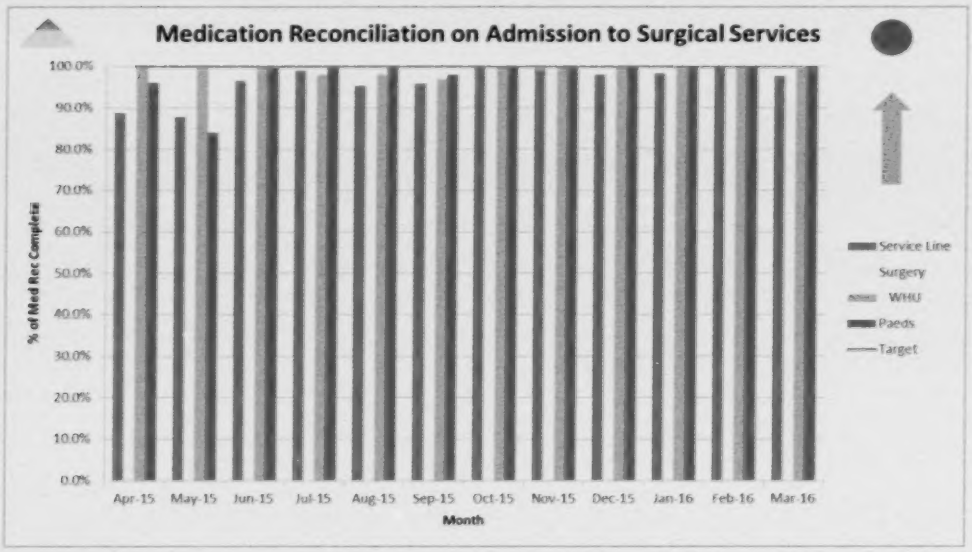
Clinical Services
Community Health Services
Continuing Care Services
Support Services



QUALITY

Service Line Goal: 100% Compliance with Medication Reconciliation by March 31, 2016



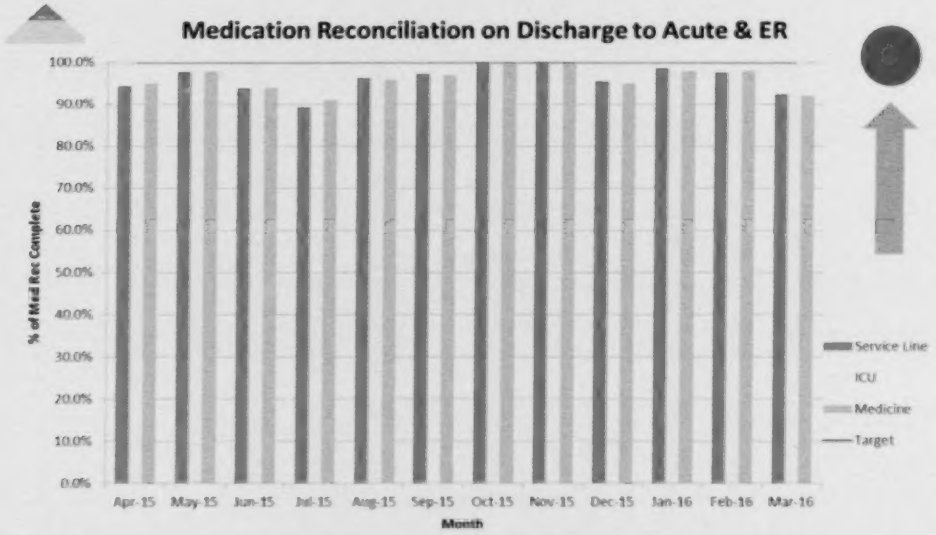


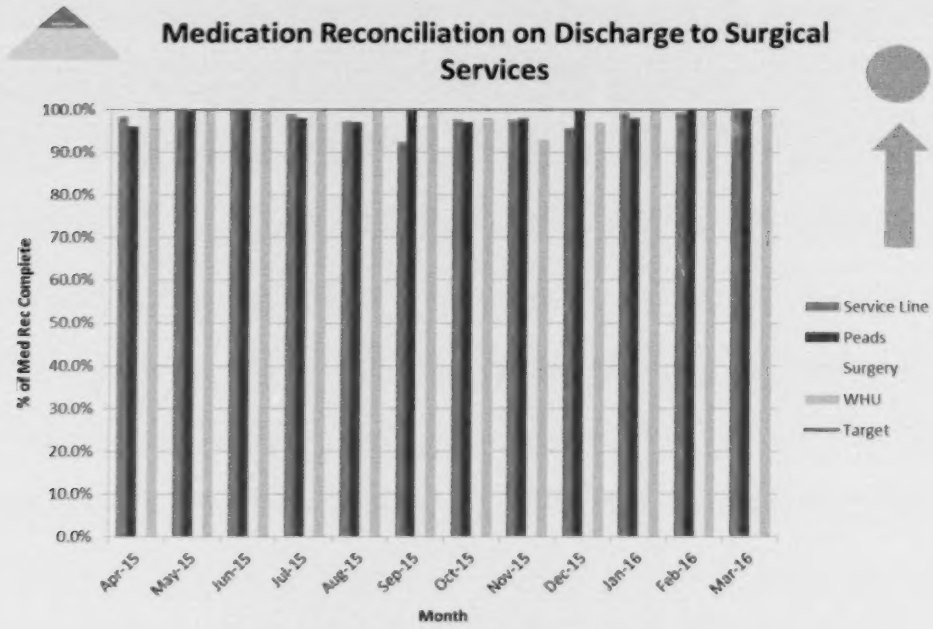
Medication reconciliation is the process of creating the most accurate list of medications a patient is taking and comparing that against the physician admission, transfer, or discharge orders with the goal of providing correct medications to the patient at all transition points.

On all charts, the arrow indicates the direction we want to see performance progress toward target. A green dot indicates that we are meeting the target and a red dot indicates that we are not."

Quality

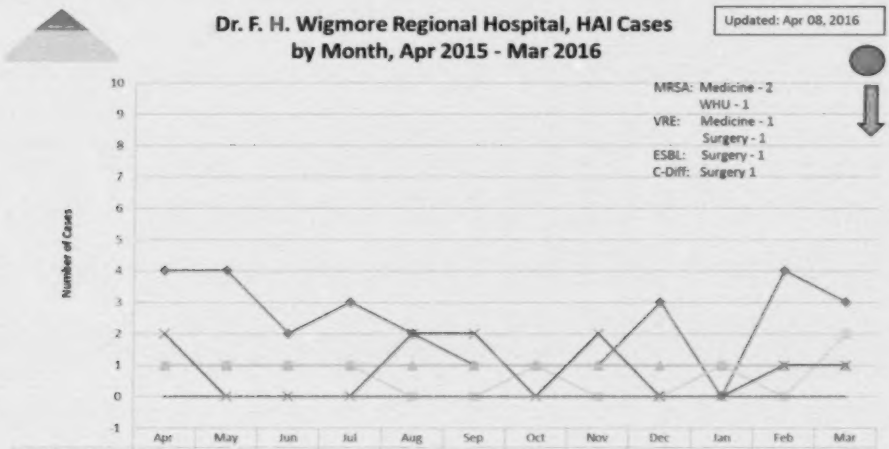
Service Line Goal: 100% Compliance with Medication Reconciliation on Discharge by March 31, 2016





Quality

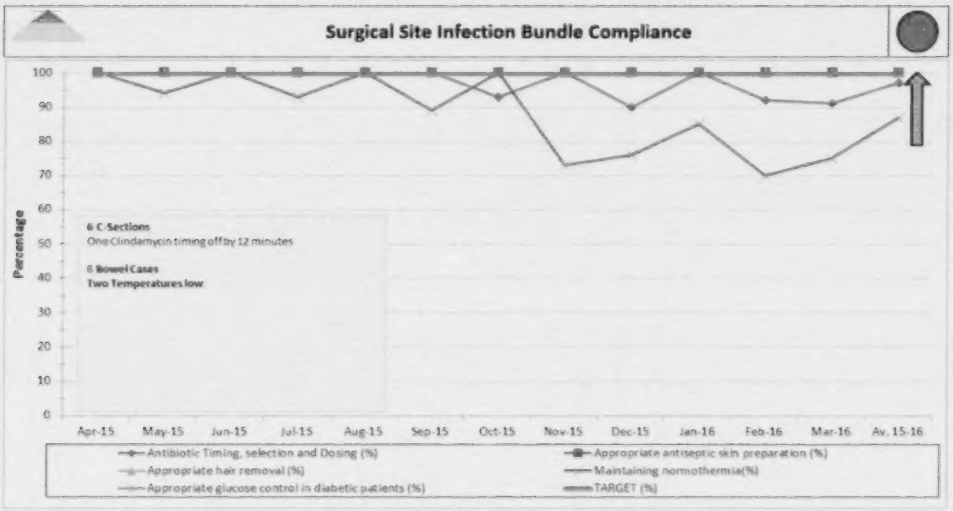
Service Line Goal: Zero Healthcare Acquired Infections (HAI) by March 31, 2016


Dr. F. H. Wigmore Regional Hospital, HAI Cases by Month, Apr 2015 - Mar 2016
Updated: Apr 08, 2016
MRSA: Medicine - 2
WHU - 1
VRE: Medicine - 1
Surgery - 1
ESBL: Surgery - 1
C-Diff: Surgery 1
Number of Cases

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
MRSA Cases	4	4	2	3	2	1	1	1	3	0	4	3
VRE Cases	1	1	1	1	0	0	1	0	0	1	0	2
ESBL Cases	1	1	1	1	1	1	1	1	1	1	1	1
C. Diff Cases	2	0	0	0	2	2	0	2	0	0	1	1
HAI Case Target	0	0	0	0	0	0	0	0	0	0	0	0

A Healthcare Acquired Infection is an infection that a patient acquires during the course of receiving treatment for other conditions within a healthcare setting.

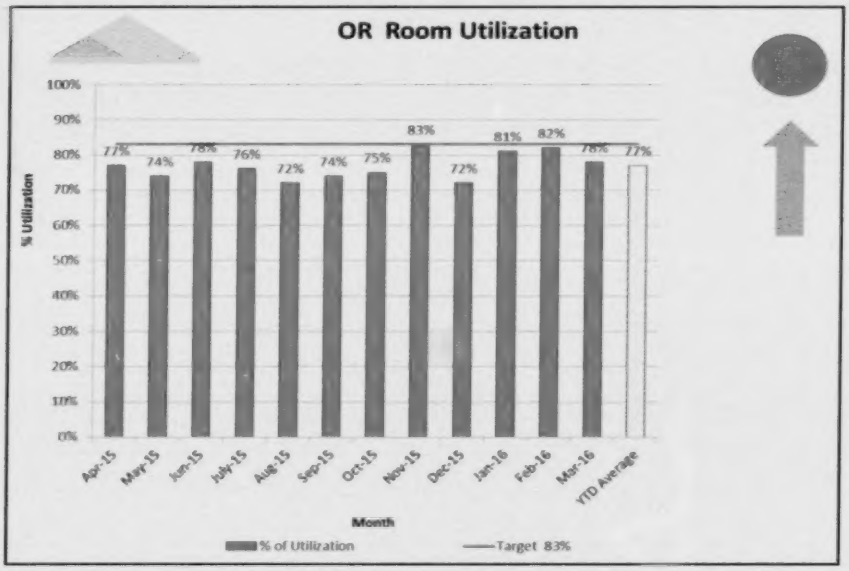
Service Line Goal: Zero Surgical Site Infections and 100% Compliance with Surgical Site Infections Bundle by March 31, 2016


Surgical Site Infection Bundle Compliance
Percentage
6 C Sections
One Clindamycin timing off by 12 minutes
6 Bowel Cases
Two Temperatures low
Apr-15 May-15 Jun-15 Jul-15 Aug-15 Sep-15 Oct-15 Nov-15 Dec-15 Jan-16 Feb-16 Mar-16 Av. 15-16
Antibiotic Timing, selection and Dosing (%)
Appropriate antiseptic skin preparation (%)
Appropriate hair removal (%)
Maintaining normothermia(%)
Appropriate glucose control in diabetic patients (%)
TARGET (%)

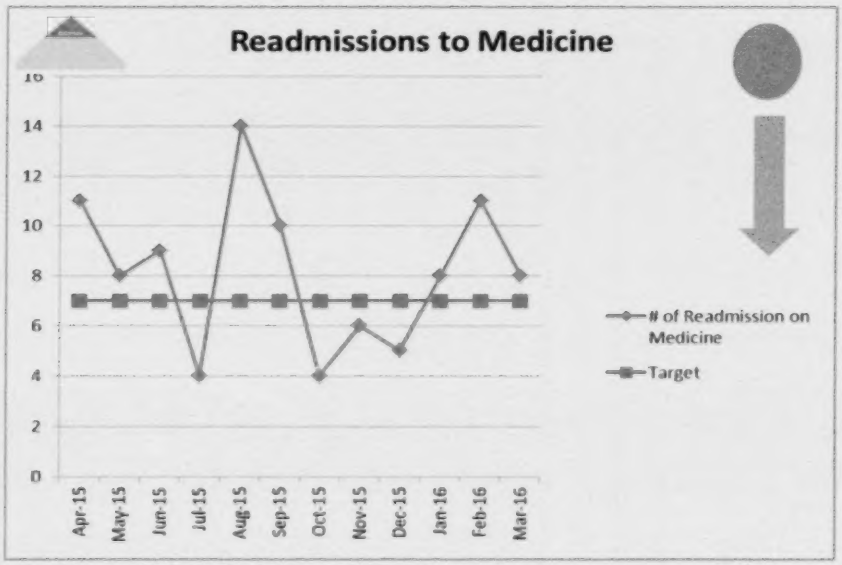
The Surgical Site Infections Bundle consists of five interventions demonstrated to reduce the risk of surgical site infections.

Cost

Service Line Goal: Operating Room (OR)/Endo Suite Utilization > 90% by March 31, 2016



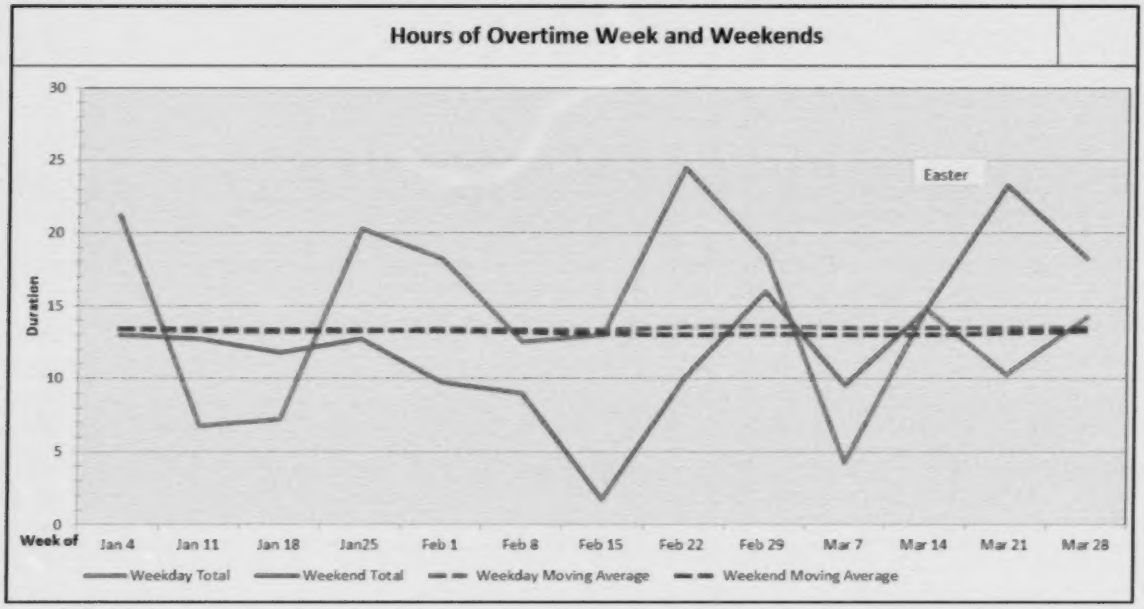
Service Line Goal: Reduce Readmissions by 10% by March 31, 2016



Readmissions are defined as an admission to the hospital for the same condition within 30 days of discharge. Readmissions can indicate inadequate preparation for discharge or insufficient care in the community post-discharge.

Cost

Service Line Goal: Reduce OR Overtime Hours by 10%

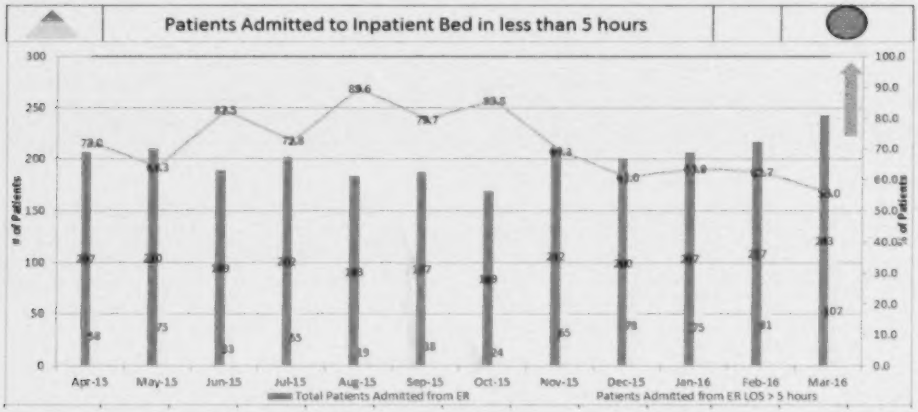


Delivery

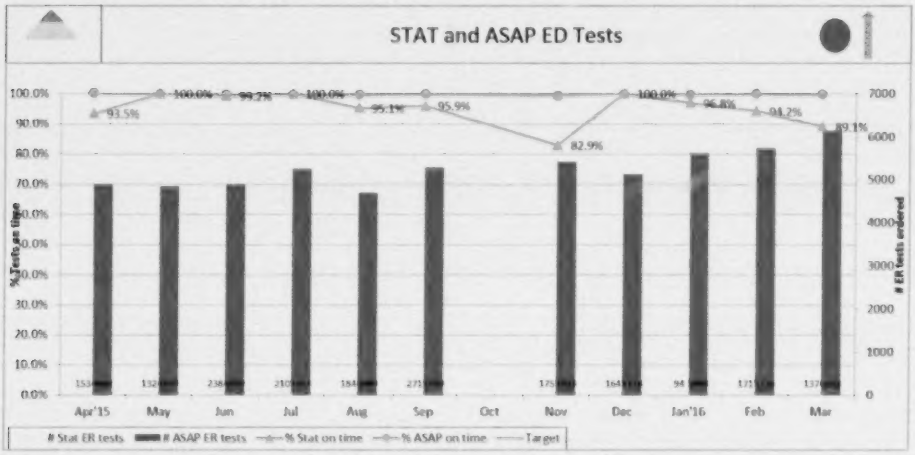
Health System Multi-Year Target: By March 31, 2016 the length of stay in the Emergency Department (ED) for 90% of admitted patients will be <+22.3 hours (from the time a patient arrived in the ER to the time they are admitted to a bed)

Hoshin: By March 31, 2016. 90% of patients waiting for an inpatient bed (from the time a decision is made to admit, to actual admission) will wait <=7.5 hours

Service Line Goal: All patients to be admitted to inpatient bed within 5 hours by March 31, 2016



Service Line Goal: ED lab results meet 100% of STAT and ASAP Turn Around Time by March 31, 2016

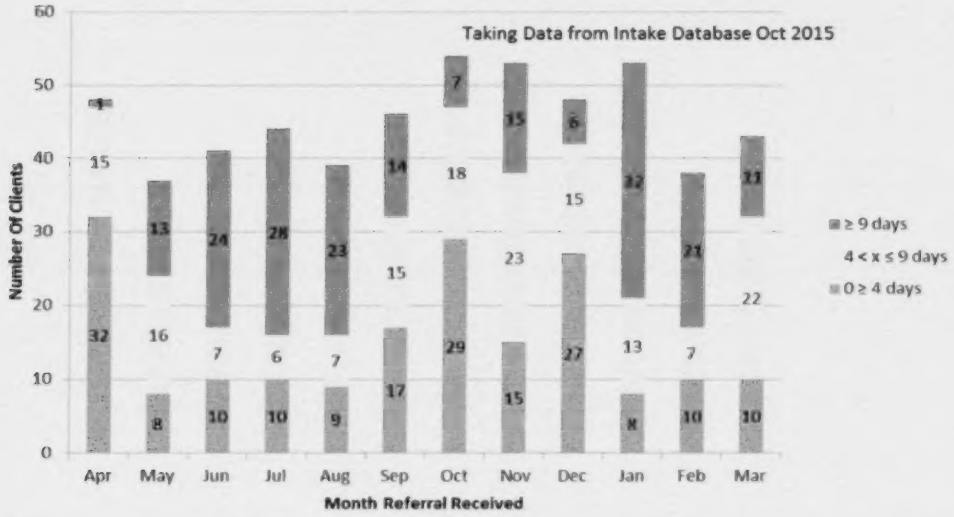


STAT test results are those that are needed within 1 hour.
ASAP test results are those that are needed within 2 hours.

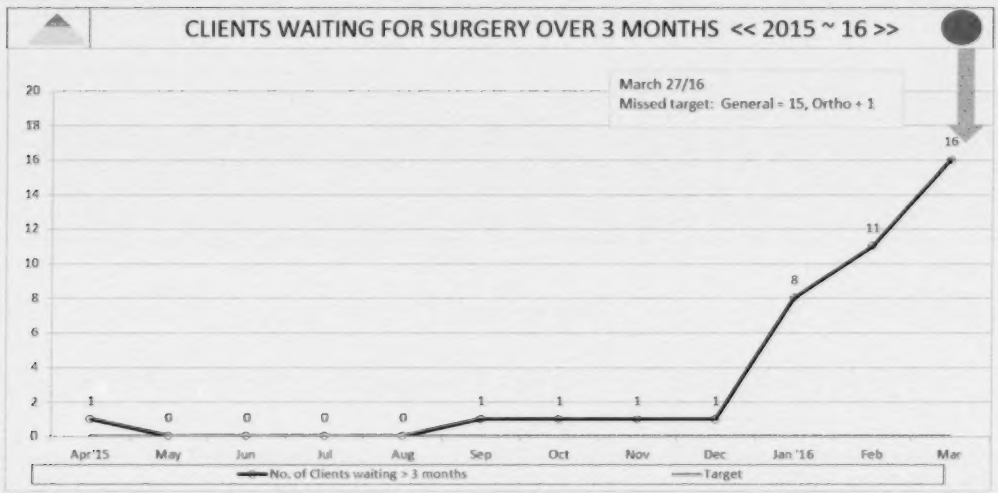
Delivery

Service Line Goal: Improve Community Therapy response time from referral to assessment to < 4 days; Outpatient Physiotherapy waitlist is zero by March 31, 2016

Community Therapies Response Rates


Taking Data from Intake Database Oct 2015
Number Of Clients
Month Referral Received
Apr May Jun Jul Aug Sep Oct Nov Dec Jan Feb Mar
≥ 9 days
4 < x ≤ 9 days
0 ≥ 4 days

Service Line Goal: Sustain zero patients waiting > 3 month for surgery by March 31, 2016

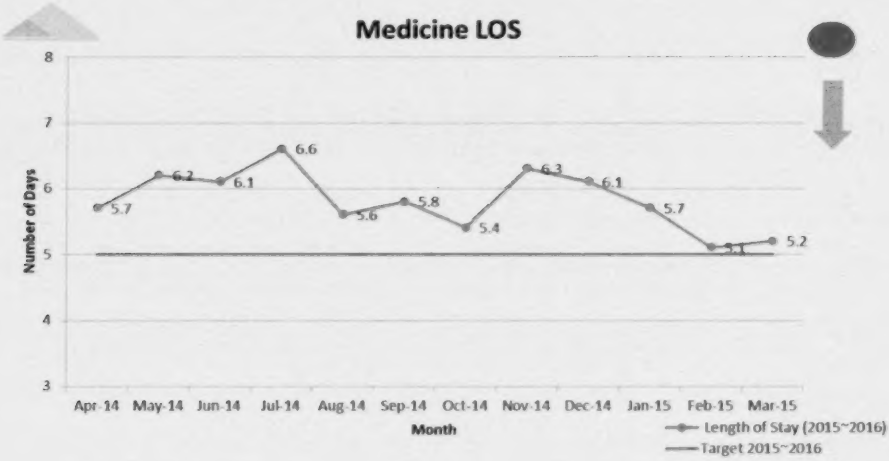

CLIENTS WAITING FOR SURGERY OVER 3 MONTHS << 2015 ~ 16 >>
March 27/16
Missed target: General - 15, Ortho + 1
Apr '15 May Jun Jul Aug Sep Oct Nov Dec Jan '16 Feb Mar
No. of Clients waiting > 3 months
Target

The surgery target was impacted by our move to the new hospital and the slowdown of services leading into the move and the slow ramp-up post-move.

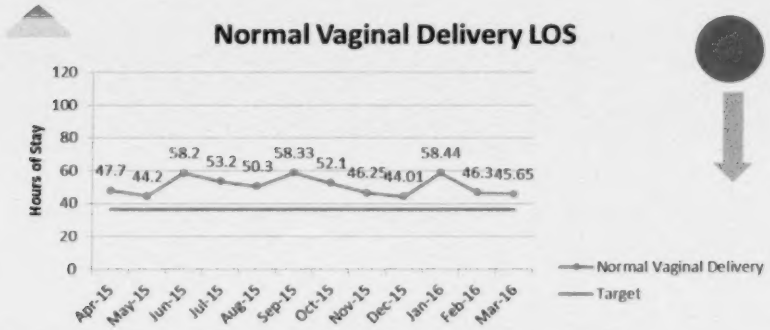
98.7% of patients had surgery within three months.

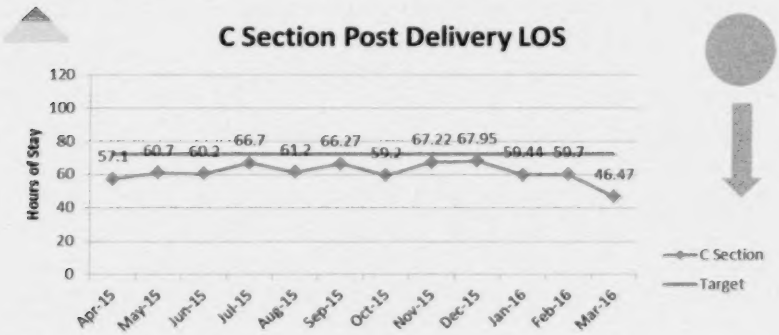
Delivery

Service Line Goal: Medicine Unit to meet 5 day length of stay (LOS) by March 31, 2016



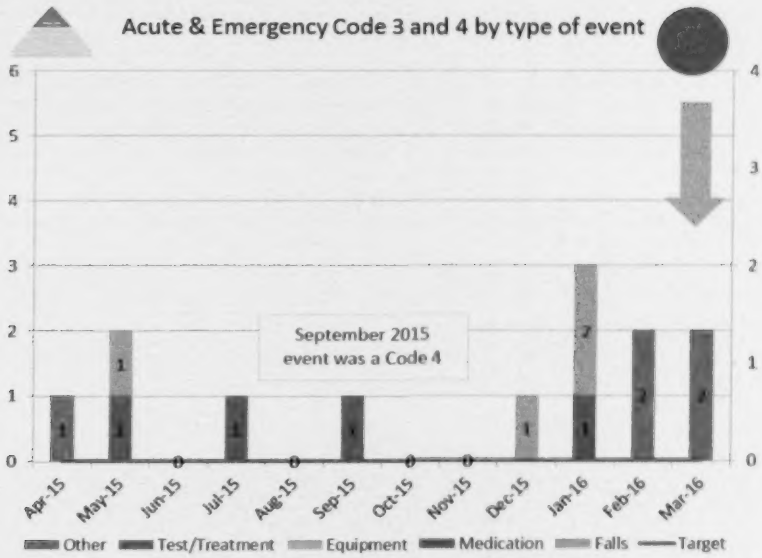
Service Line Goal: Women's Health Unit Length of Stay post vaginal delivery 36 hours; 72 hours for Caesarean Section

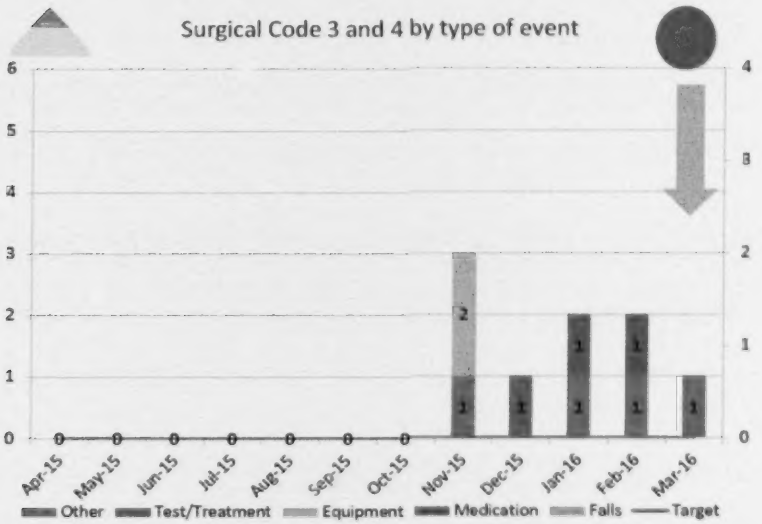




Safety

Service Line Goal: Zero Code 3 and 4s by March 31, 2016

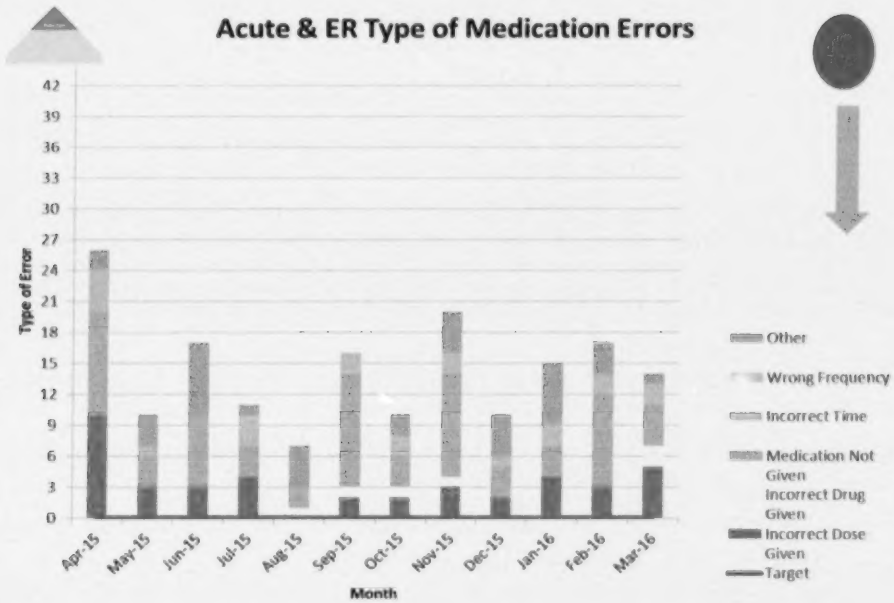


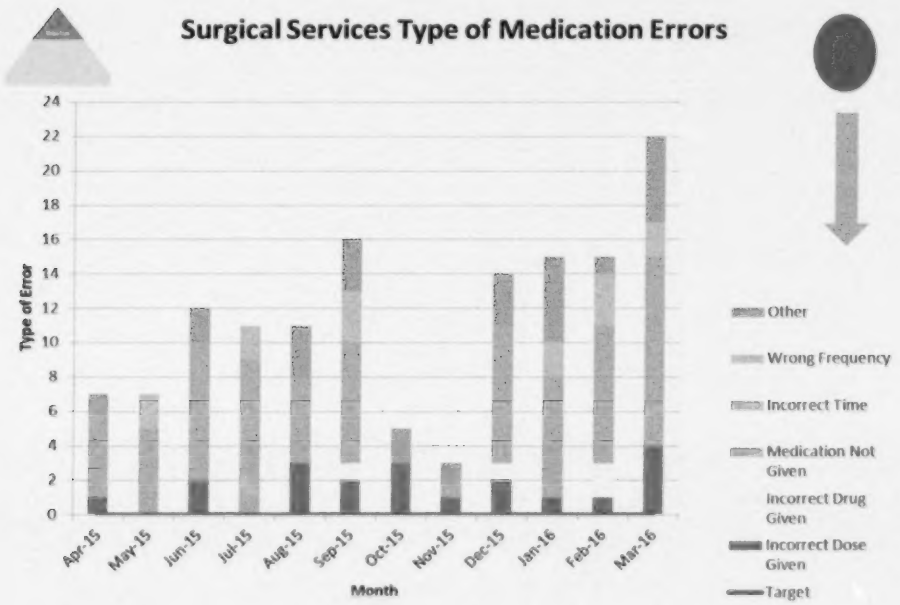


Code 3 events had a serious outcome or significant potential for adverse outcome.
Code 4 events are tragic incidents such as unanticipated death or potential major loss of function or major injury.

Safety

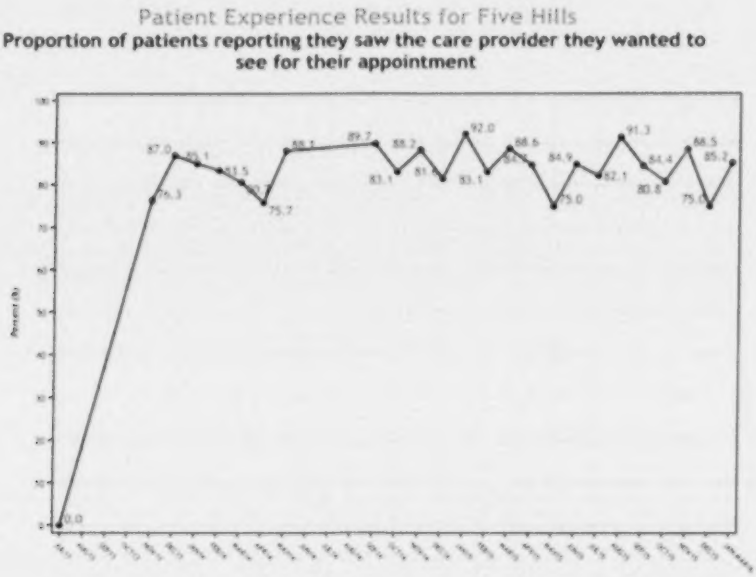
Service Line Goal: Zero Medication Errors by March 31, 2016



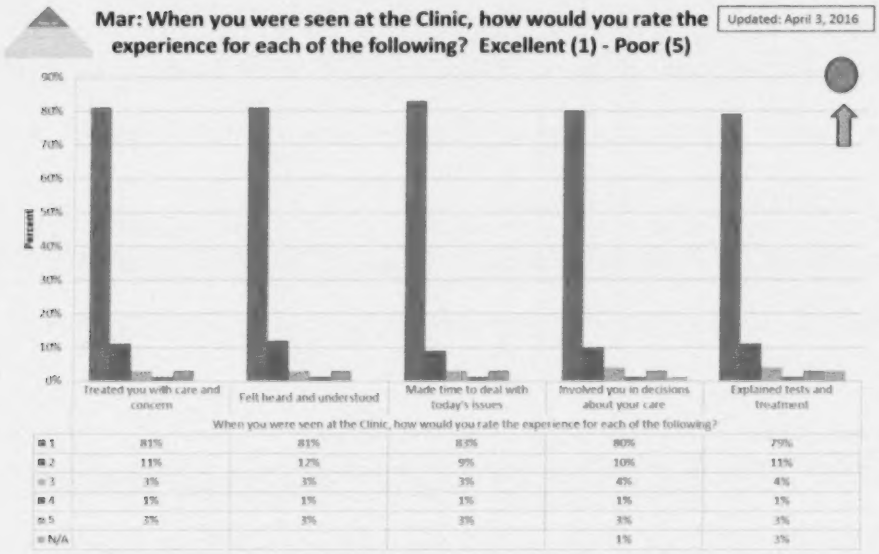


Quality

Service Line Goal: By March 31, 2016 patient experience cumulative trending scores are > 85%

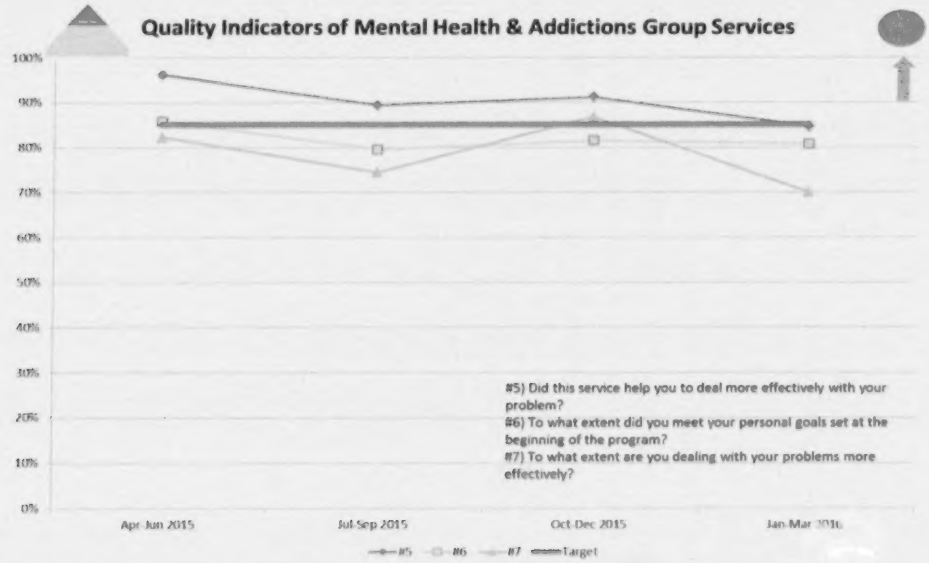

Patient Experience Results for Five Hills
Proportion of patients reporting they saw the care provider they wanted to see for their appointment

Service Line Goal: By March 31, 2016 client satisfaction scores will be at 85%


Mar: When you were seen at the Clinic, how would you rate the experience for each of the following? Excellent (1) - Poor (5)
Updated: April 3, 2016
Percent
Treated you with care and concern
Felt heard and understood
Made time to deal with today's issues
Involved you in decisions about your care
Explained tests and treatment
When you were seen at the Clinic, how would you rate the experience for each of the following?
1 81% 81% 83% 80% 79%
2 11% 12% 9% 10% 11%
3 3% 3% 3% 4% 4%
4 1% 1% 1% 1% 1%
5 3% 3% 3% 3% 3%
N/A 1% 3%

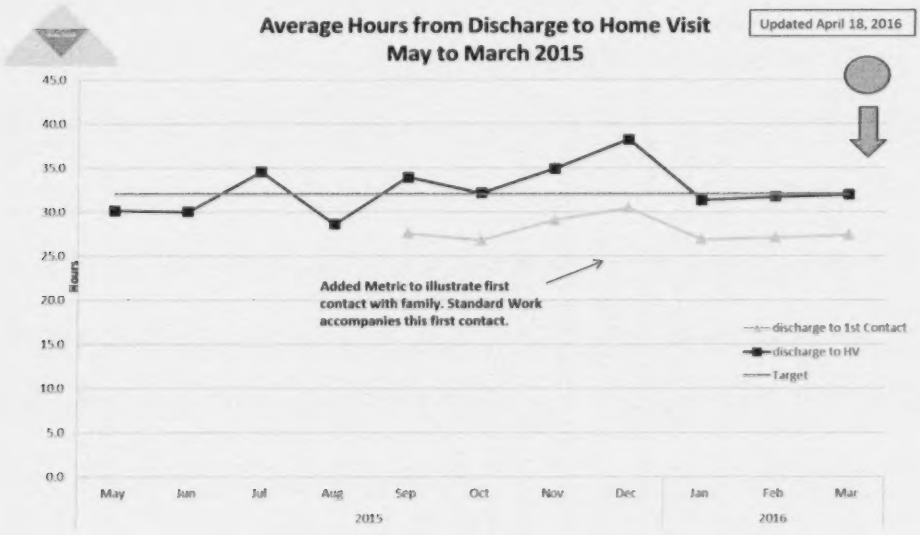
Quality

Service Line Goal: By March 31, 2016 customer satisfaction in group services will be at 85%



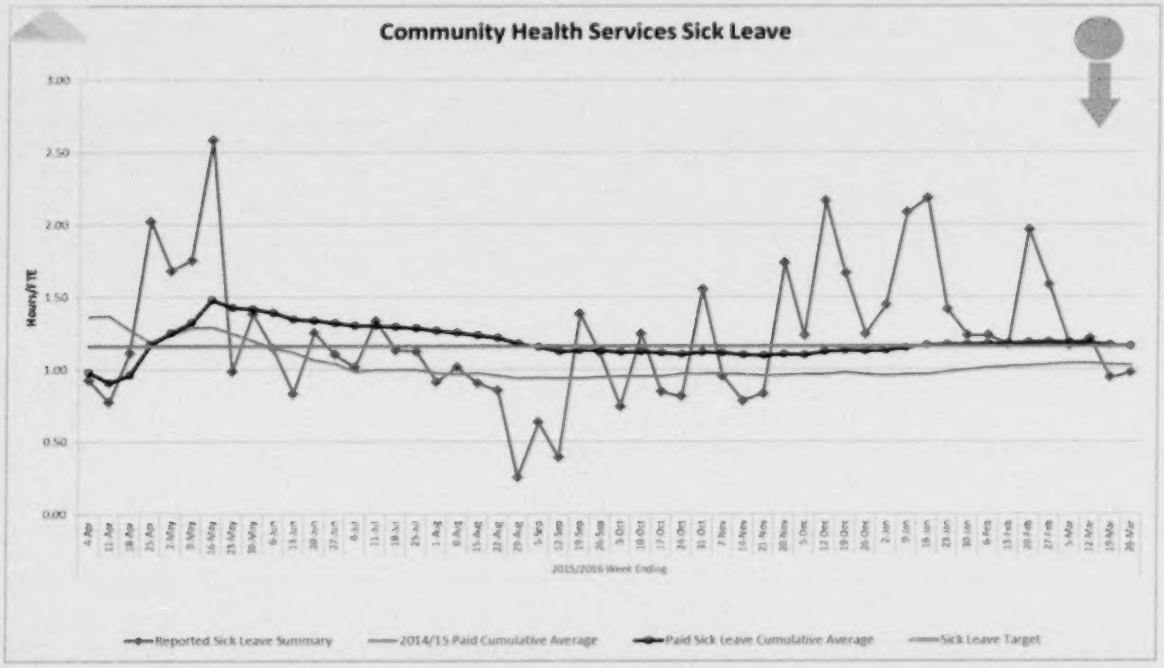
Participants surveyed answered using a rating scale of 1 to 4 with '1' being 'not adequate' and '4' being 'exceeds expectations.'

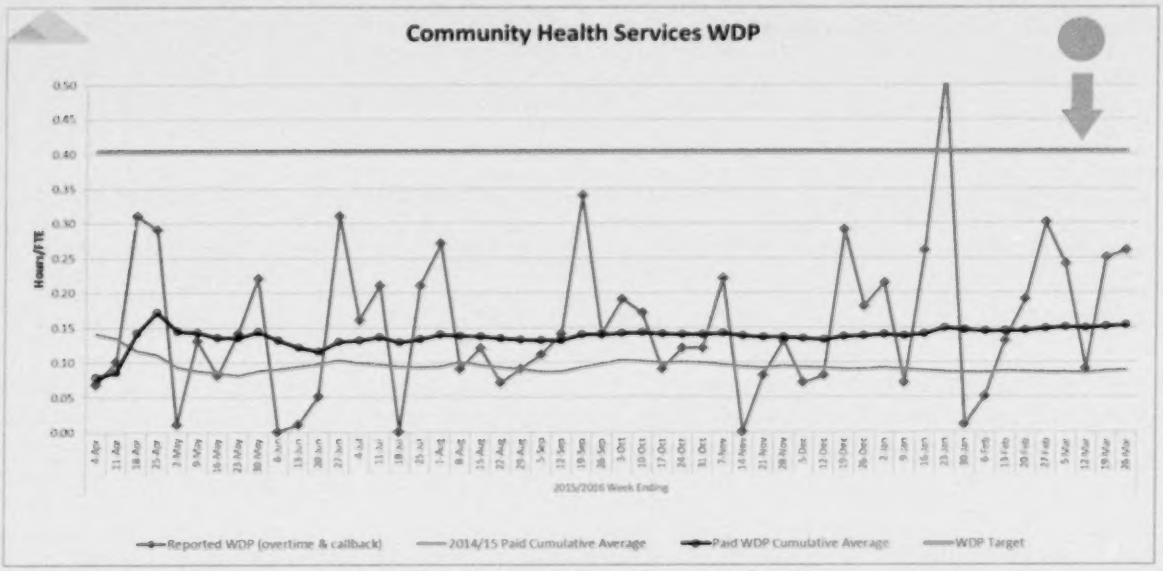
Service Line Goal: By March 30, 2016 100% of postpartum families will be contacted by Maternal Visiting Program within 48 hours.



Cost

Service Line Goal: By March 31, 2016 sick leave and Wage-Driven Premium (WDP) will meet or be below service line target



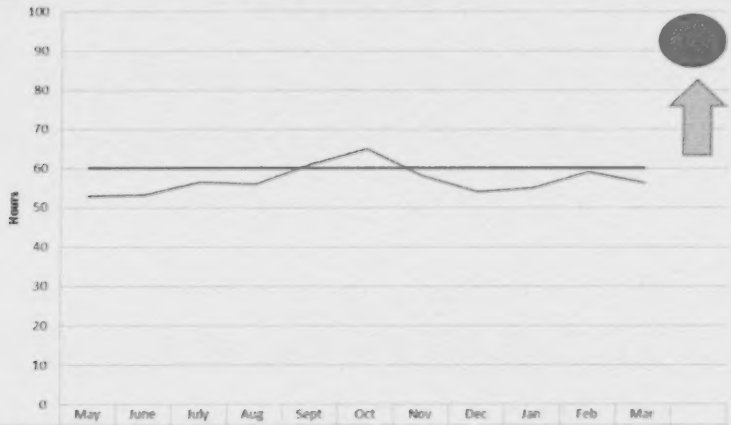


Cost

Service Line Goal: By March 31, 2016 direct client served time is 60% of daily working hours (Public Health and Mental Health and Addictions Services)

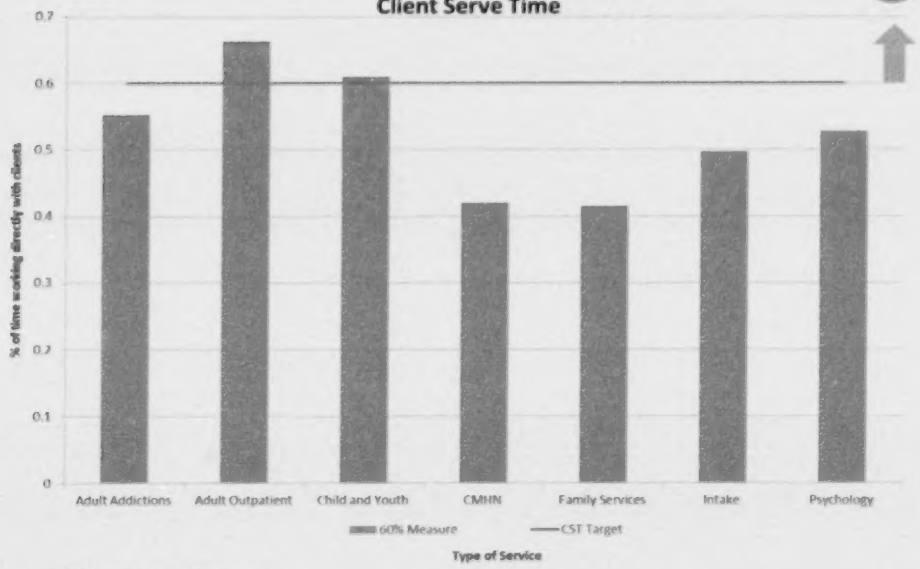
Public Health Nursing
Service Recipient Activity

Last updated: April 22, 2016



	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
Service Recipient %	52.8	53.2	56.5	56	61	65	58	54	55	59	56.2
Target	60	60	60	60	60	60	60	60	60	60	60

Mental Health and Addictions Services
Client Serve Time



CMHN – Community Mental Health Nursing

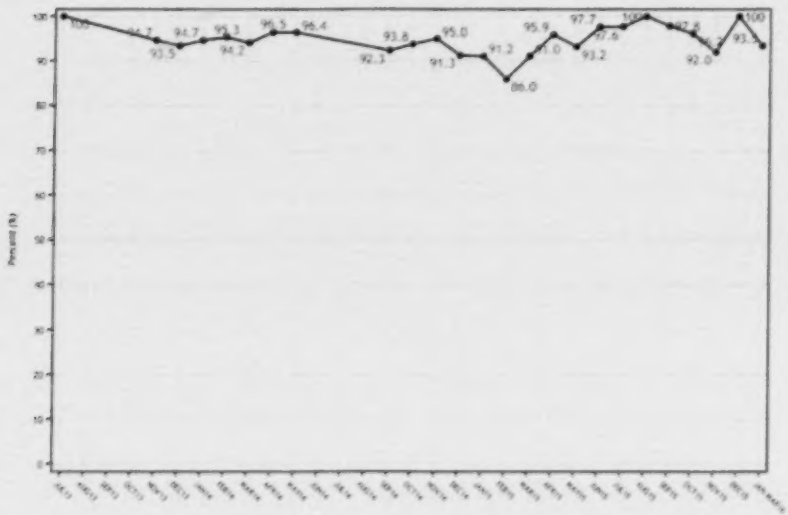
Delivery

Health System Multi-Year Target: By March 31, 2017, there will be a 50% improvement in the number of people who say "I can access my Primary Health Care Team for care on my day of choice either in person, on the phone or via other technology

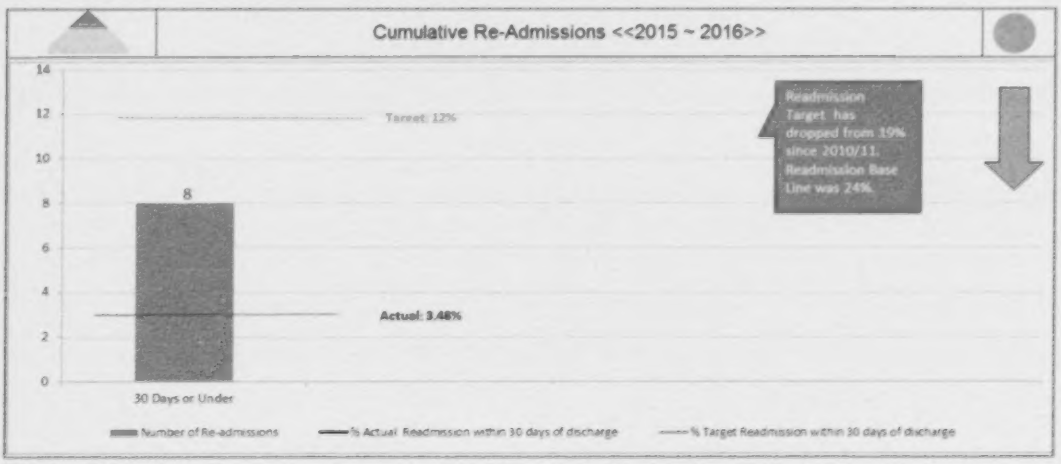
Service Line Goal: By March 31, 2016 reduce next available appointment by 20%

Patient Experience Results for Five Hills

Proportion of patients reporting they were able to get an appointment on their day of choice



Service Line Goal: By March 31, 2016 reduce re-admission within 30 days of discharge by 20%



Delivery

Health System Multi-Year Outcome: By March 2019 there will be increased access to quality Mental Health and Addiction Services (MHAS) and reduced wait time for outpatient and psychiatry services

Health System Multi-Year Target: By March 31, 2016 meet triage benchmarks for outpatient MHAS 85% of the time

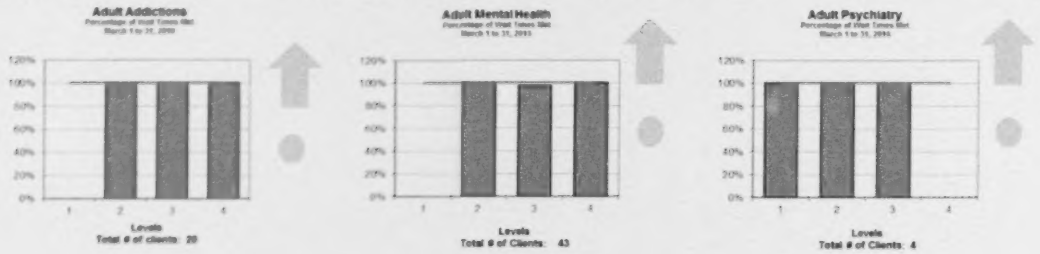
Hoshin: To improve access, by March 31, 2016, meet triage benchmarks for waits to see contract and salaried psychiatrists 50% of the time, and triage benchmarks for outpatient MHAS 85% of the time

Service Line Goal: By March 31, 2016 wait times meet identified targets

Mental Health and Addictions (First offered Appointment)

Provincial Target:

Level 1 (Very Severe) is 24 Hours Level 2 (Severe) is 5 days Level 3 (Moderate) is 20 Working days Level 4 (Mild) is 30 Working days



Mental Health and Addictions (First offered Appointment)

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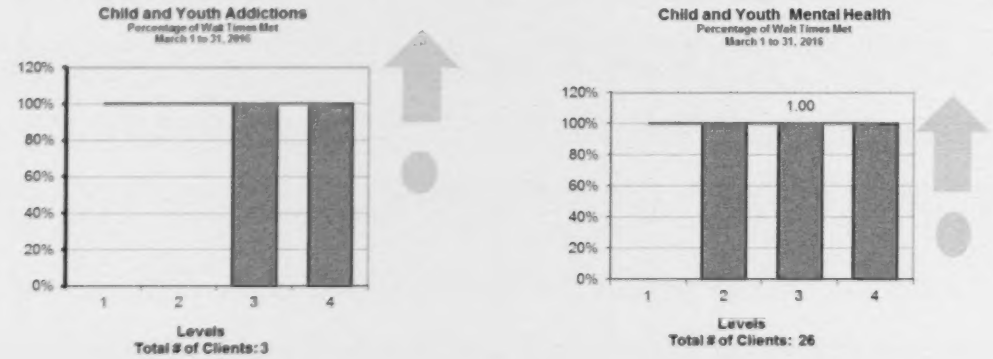
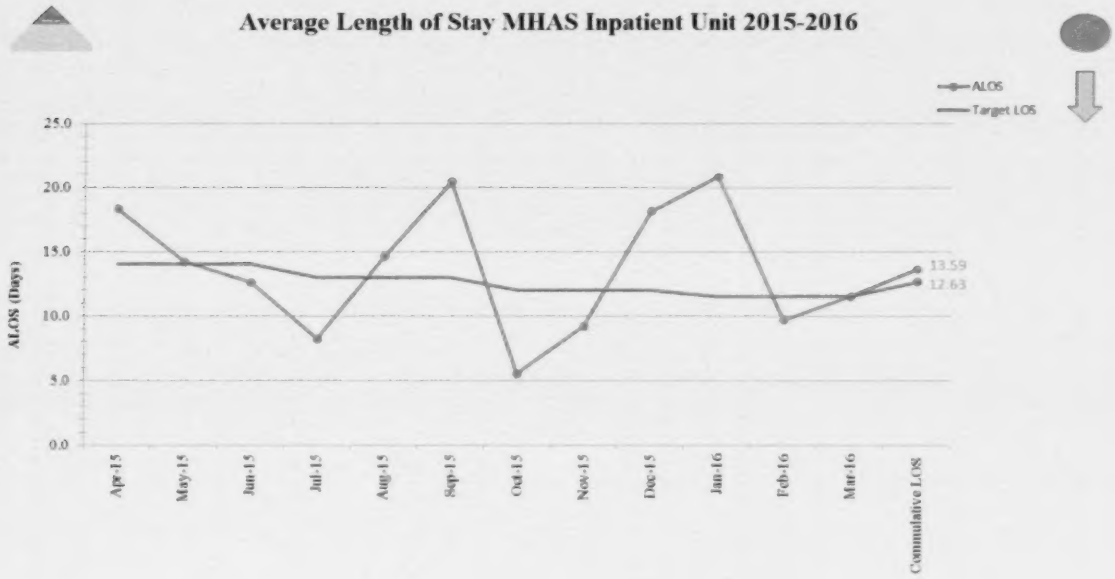
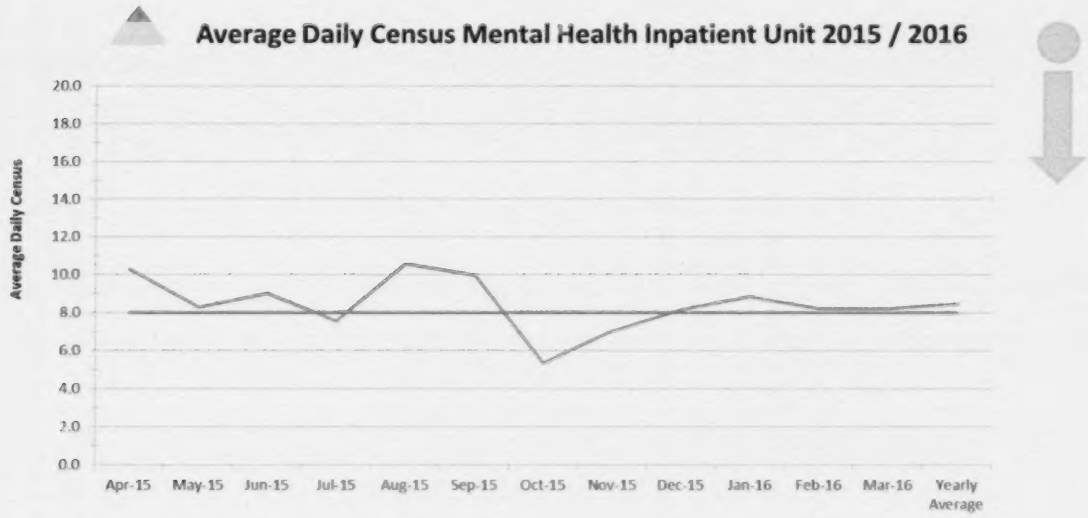


Delivery

Service Line Goal: By March 31, 2016 reduce average length of stay to 11.5 days

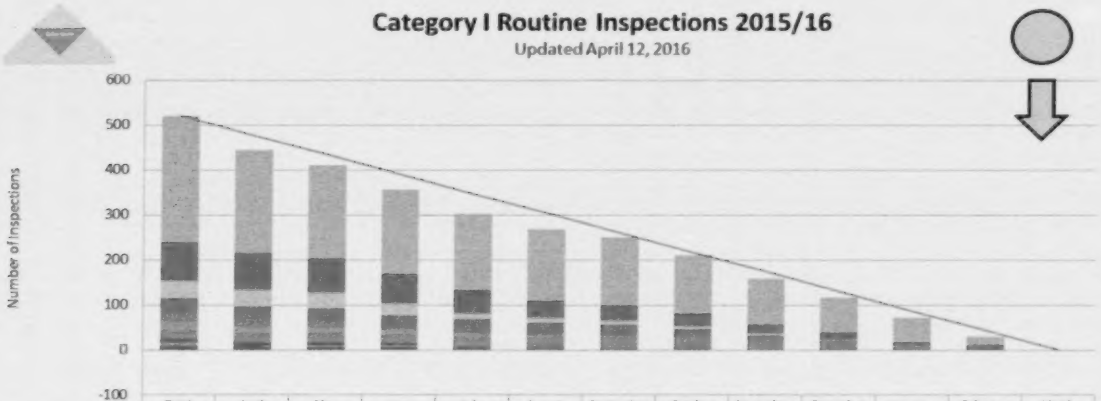


Service Line Goal: By March 31, 2016 average daily census = 8



Delivery

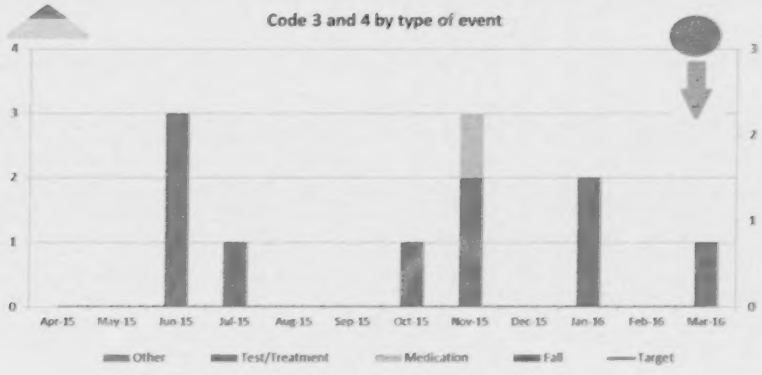
Service Line Goals: 100% completion of Public Health inspections for Category 1 facilities by March 31, 2016

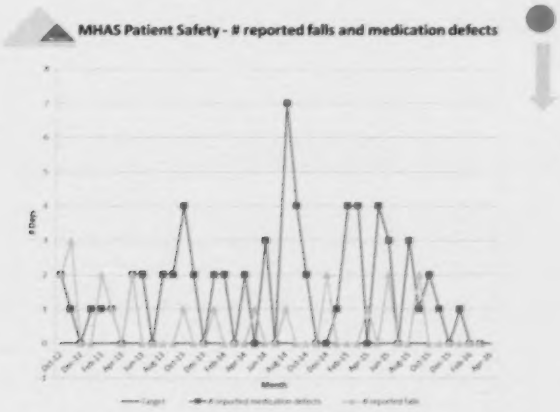


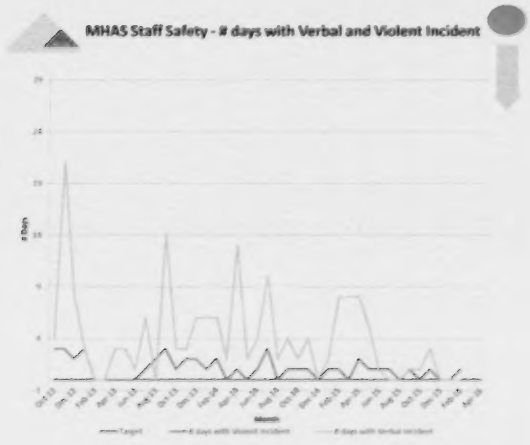
	Total	April	May	June	July	August	September	October	November	December	January	February	March
Public Eating Est	283	230	208	188	170	160	151	130	102	79	55	21	0
Licenced Acc	86	81	76	66	51	38	35	28	21	15	9	6	0
Public Water	57	56	53	25	13	10	8	6	4	3	1	0	0
Food Processor	32	29	28	28	27	24	22	18	9	6	2	2	0
Swimming Pools	21	17	17	5	4	4	4	2	2	0	0	0	0
Institutional Food	19	14	12	10	8	5	2	2	1	0	0	0	0
Rink IAQ	20	20	20	20	20	20	20	20	16	11	3	0	0
Paddling Pool	7	6	6	4	0	0	0	0	0	0	0	0	0
Whirlpool	7	3	3	3	3	3	3	1	1	0	0	0	0
Personal Services	7	6	5	5	4	4	4	3	3	3	2	2	0
Slaughterhouse	2	2	2	2	2	2	1	1	0	0	0	0	0
Target	521	478	434	391	347	304	261	217	174	130	87	43	0

Safety

Service Line Goal: Develop culture of reporting near misses and actual incidents

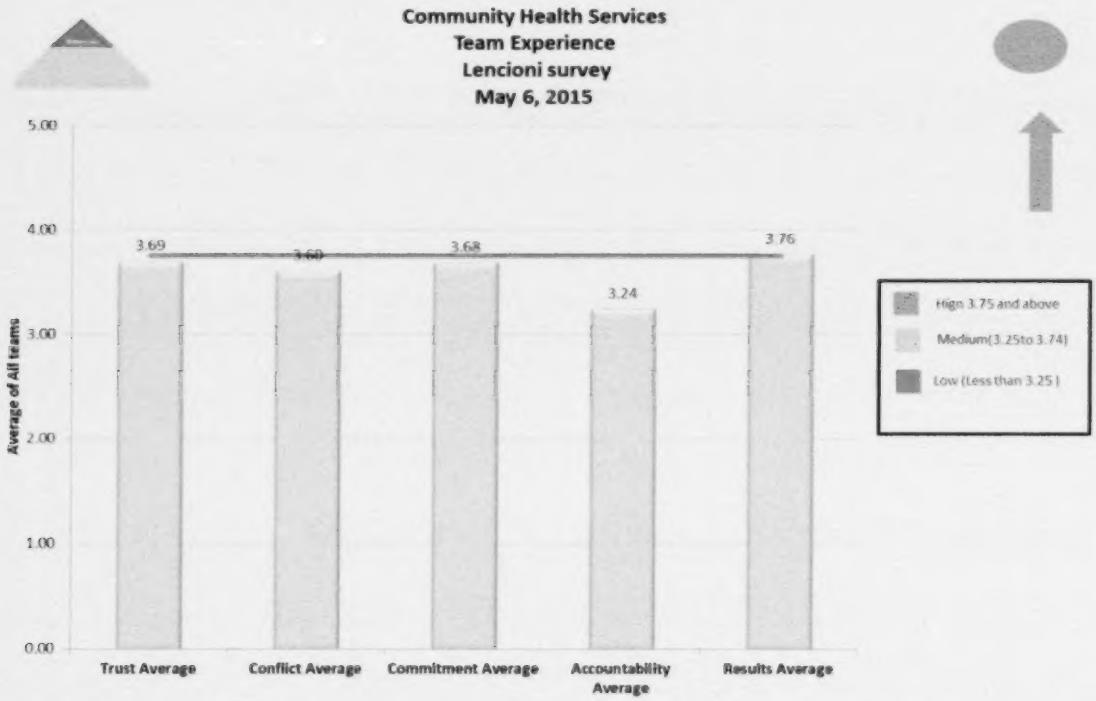






Morale

Service Line Goal: By March 31, 2016 service line sick leave will meet or be below service line target

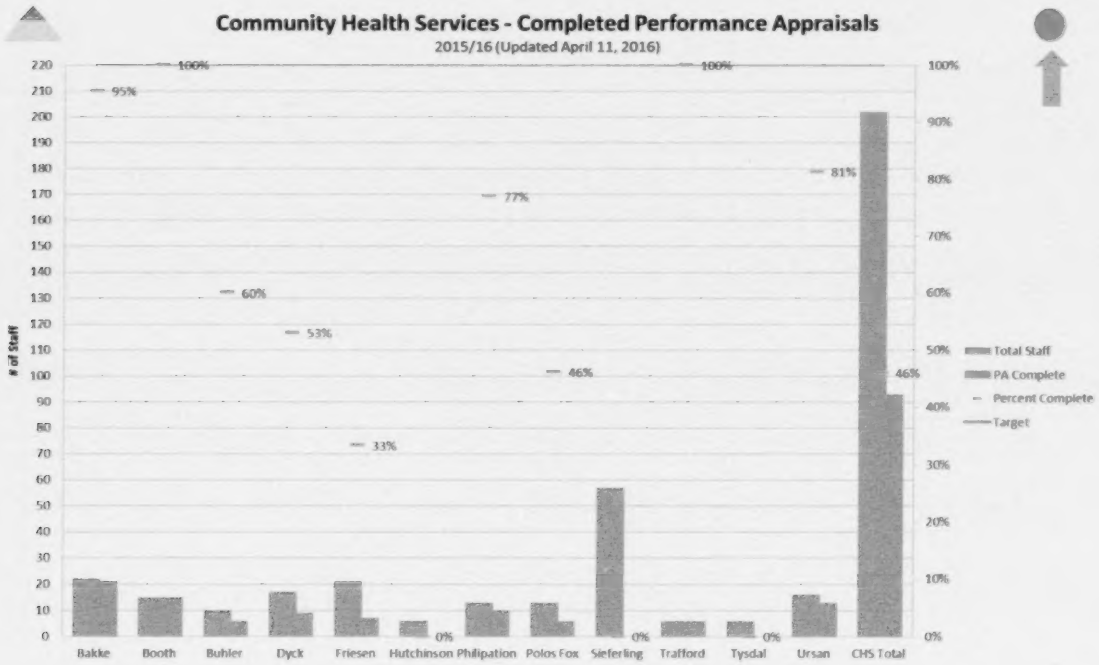


Community Teams Participating : Primary Health Care, Mental Health & Addictions, Public Health, Patient Ed, CHS Directors

Team survey from Patrick Lenciono's "Five Dysfunctions of a Team.'

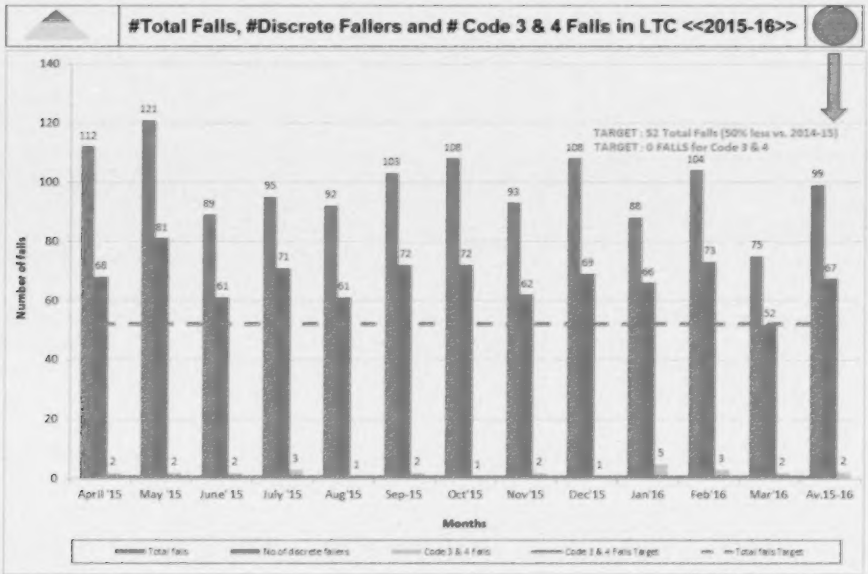
Morale

Service Line Goal: By March 31, 2016 100% of staff will have a performance evaluation completed and HR file.

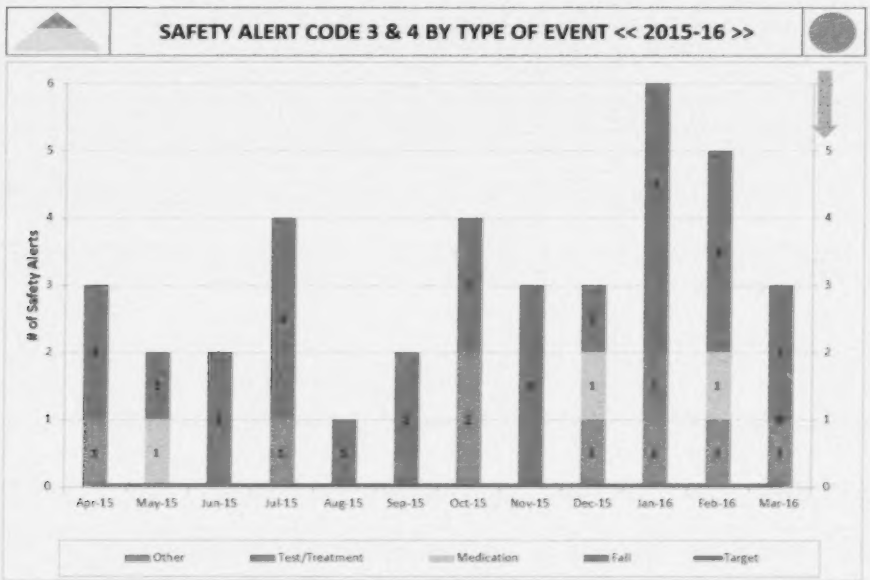


Quality

Service Line Goal: By March 31, 2016 reduce falls in Continuing Care by 50% from 2014/2015 baseline

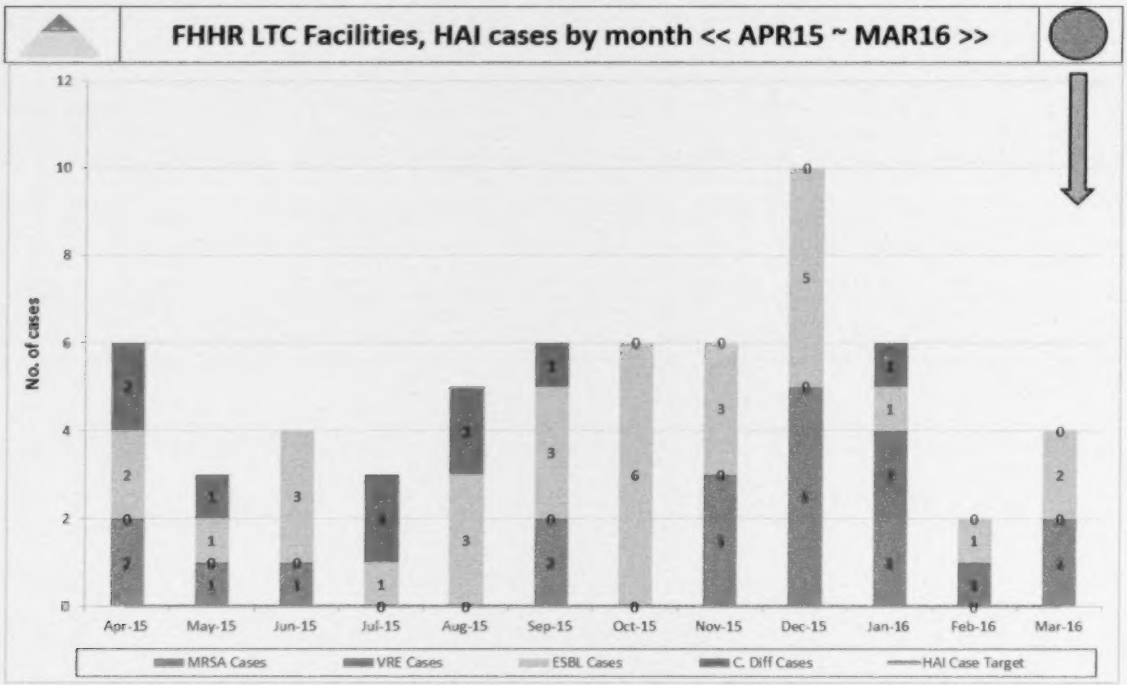


LTC – Long Term Care



Quality

Service Line Goal: 100% compliance to Hand Hygiene by March 31, 2016



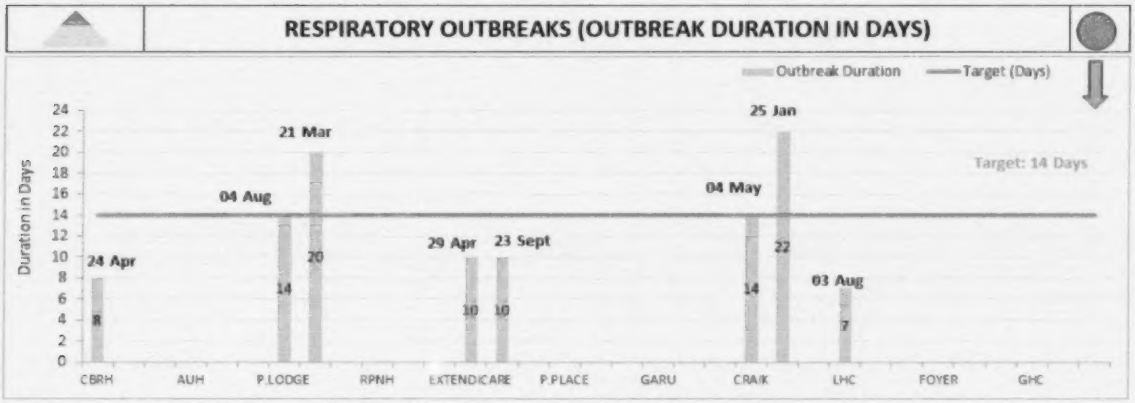
A Healthcare Acquired Infection (HAI) is an infection that a patient acquires during the course of receiving treatment for other conditions within a healthcare setting.

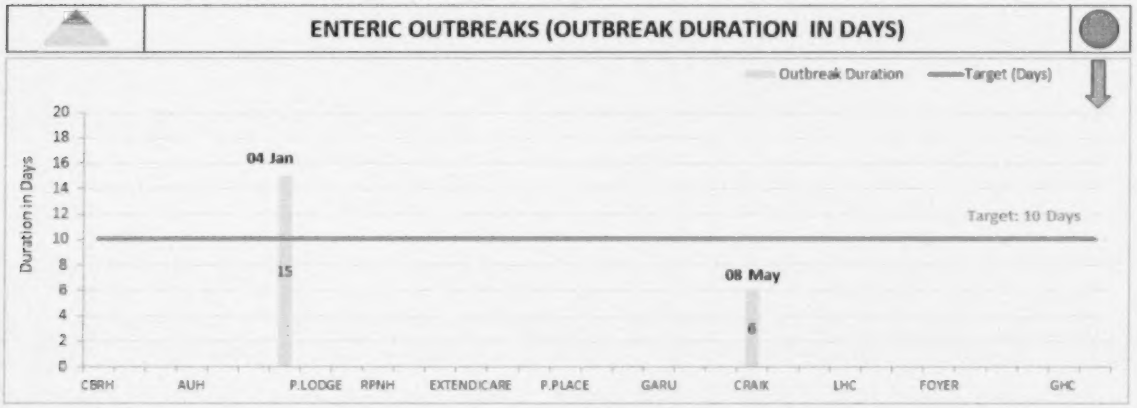
A significant component in reducing outbreaks and HAIs is compliance with Hand Hygiene protocols.

MRSA - Methicillin Resistant Staphylococcus Aureus
VRE - Vancomycin Resistant Enterococcus
ESBL - Extended Spectrum Beta-Lactamase Producing Bacteria
C. Diff - Clostridium Difficile

Quality

Service Line Goal: 100% compliance to Hand Hygiene by March 31, 2016





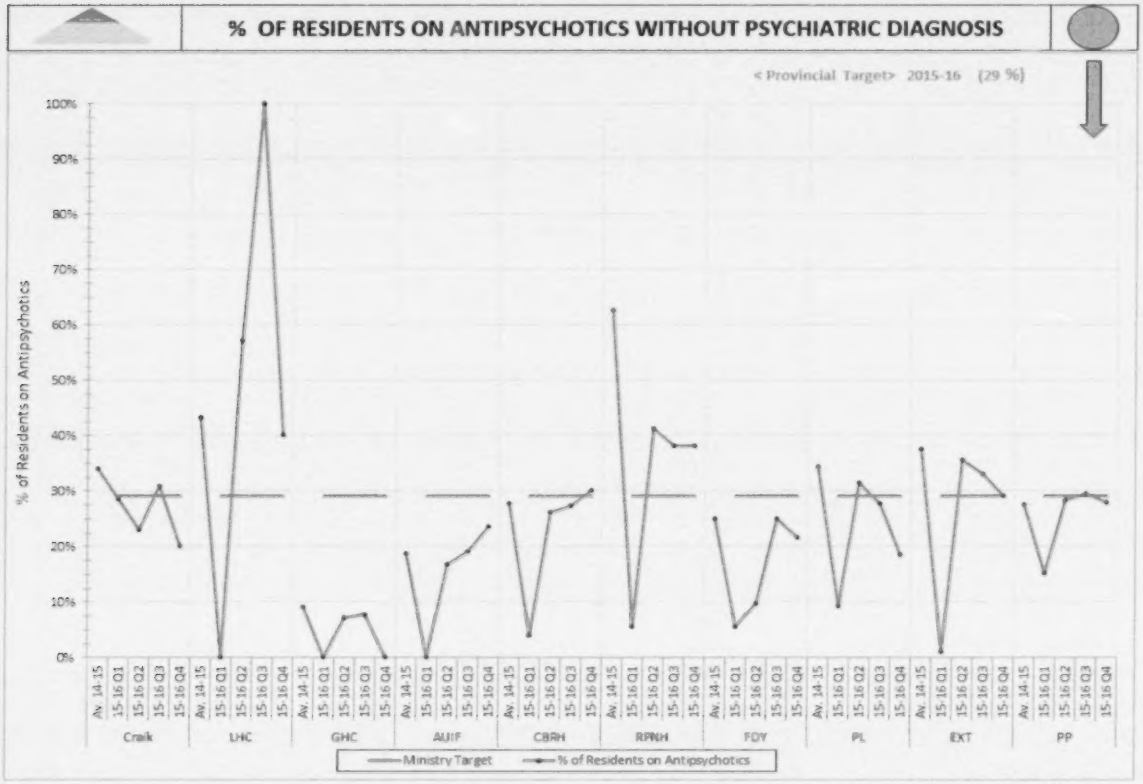
A significant component in reducing outbreaks and HAIs is compliance with Hand Hygiene protocols.

CBRH - Central Butte Regency Manor
AUH - Assiniboia Union Hospital
P. Lodge - Pioneer Lodge, Moose Jaw
RPNH - Ross Payant Nursing Home, Assiniboia
P. Place - Providence Place, Moose Jaw
GARU - Geriatric Assessment & Rehabilitation Unit
LHC - Lafleche Health Centre
FOYER - St. Joseph's Hospital/Foyer d'Youville, Gravelbourg
GHC - Grasslands Health Centre, Rockglen

Quality

Service Line Goal: By March 31, 2016 safely reduce the potentially inappropriate use of antipsychotic medications to 29%

7 specific quality indicators are maintained at rates better than the provincial quarterly average: use of **antipsychotics**, restraints, pain worsened, new pressure ulcer, pressure ulcer worsened, incontinence worsened, falls

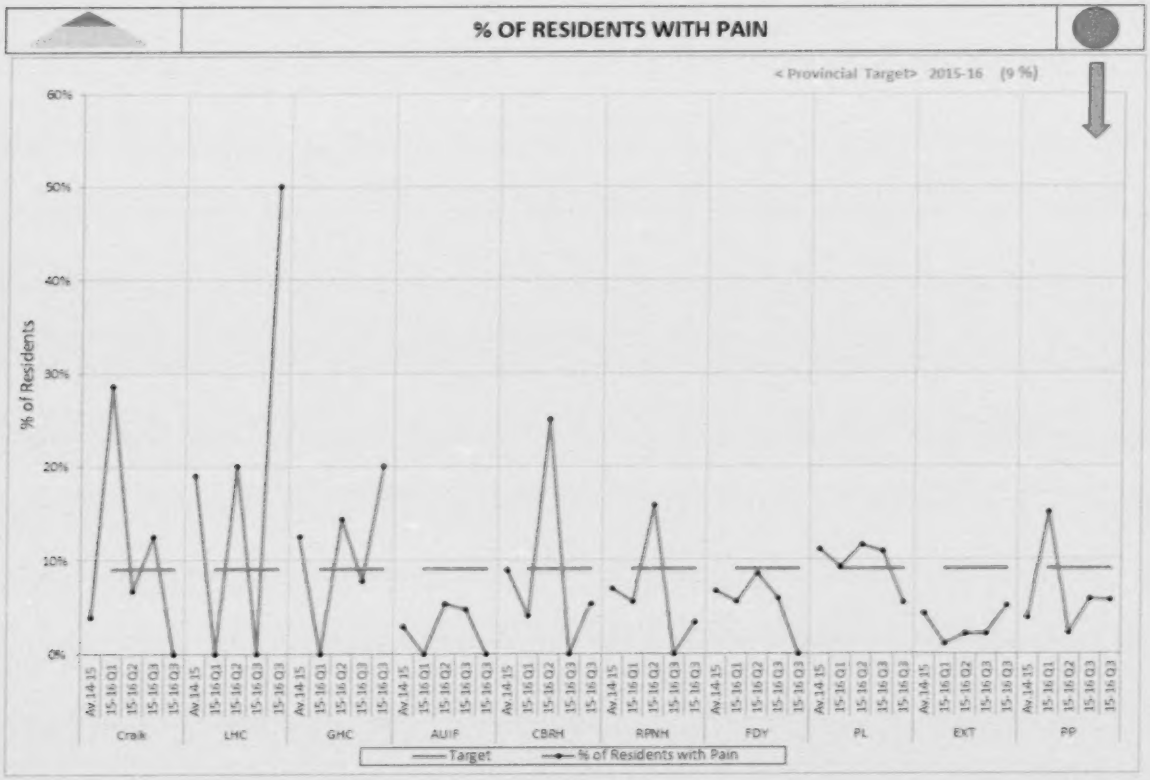


Quality

Service Line Goal: 7 specific quality indicators are maintained at rates better than the provincial quarterly average: use of antipsychotics, **restraints**, pain worsened, new pressure ulcer, pressure ulcer worsened, incontinence worsened, falls

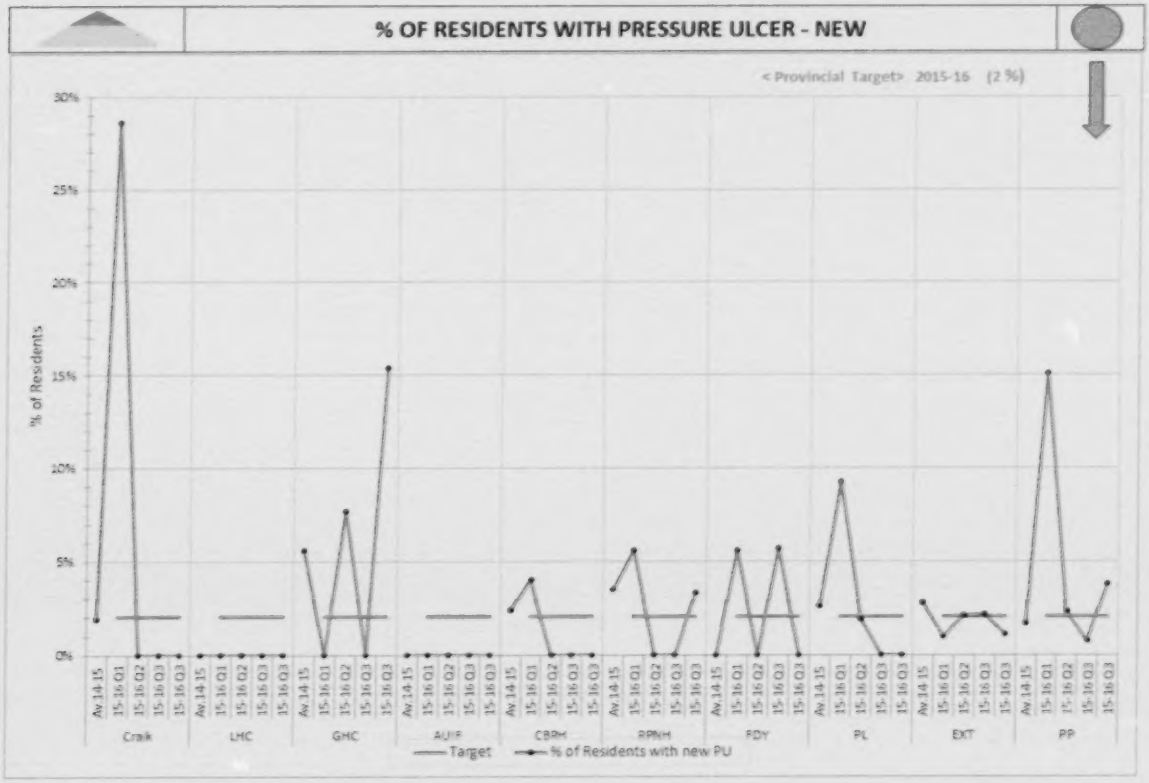
Quality

Service Line Goal: 7 specific quality indicators are maintained at rates better than the provincial quarterly average: use of antipsychotics, restraints, **pain worsened**, new pressure ulcer, pressure ulcer worsened, incontinence worsened, falls



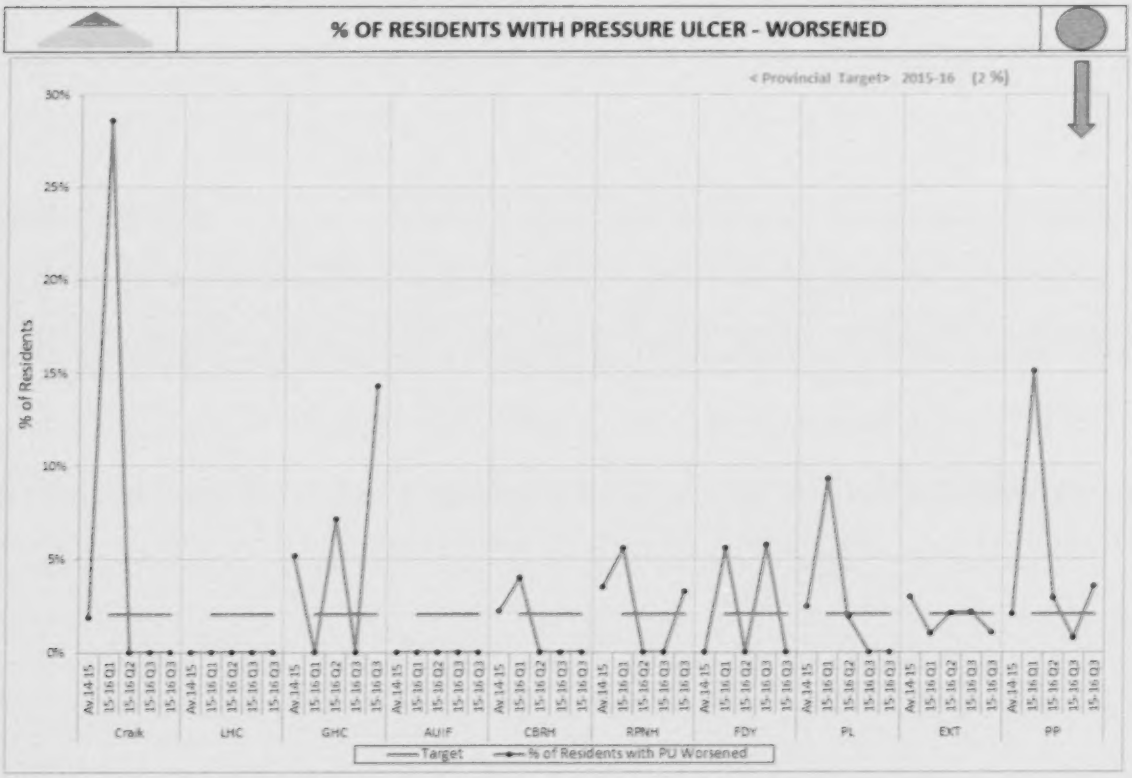
Quality

Service Line Goal: 7 specific quality indicators are maintained at rates better than the provincial quarterly average: use of antipsychotics, restraints, pain worsened, **new pressure ulcer**, pressure ulcer worsened, incontinence worsened, falls



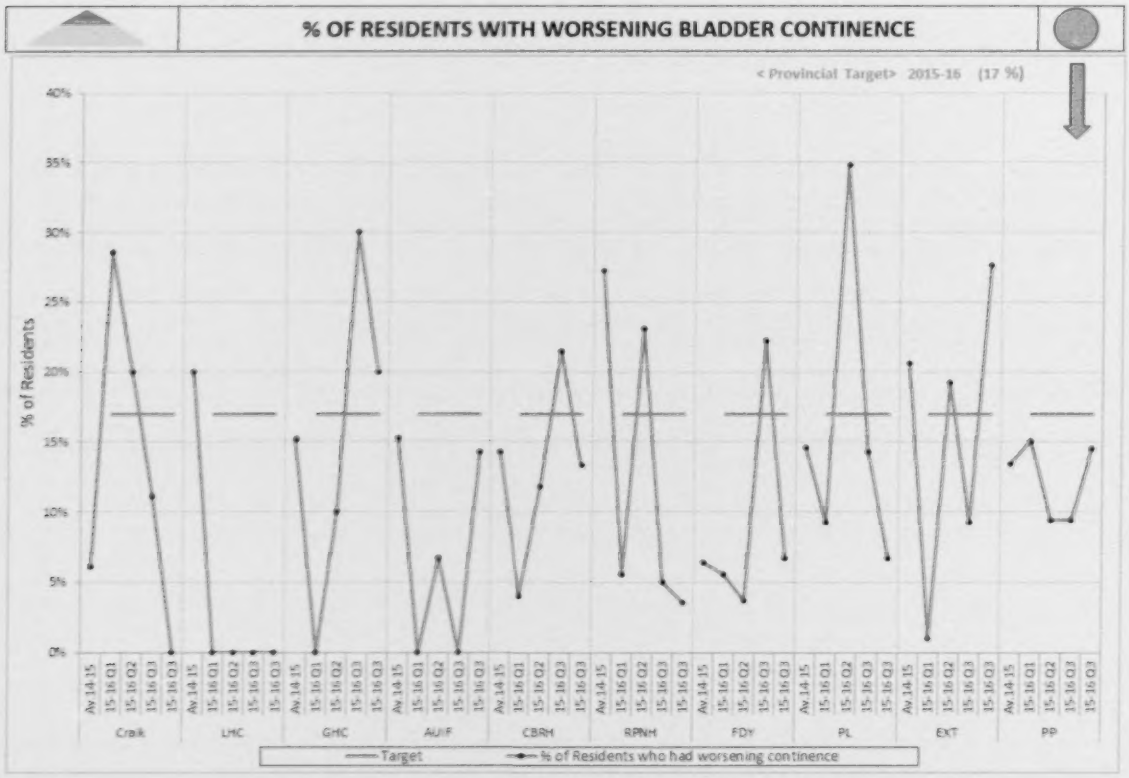
Quality

Service Line Goal: 7 specific quality indicators are maintained at rates better than the provincial quarterly average: use of antipsychotics, restraints, pain worsened, new pressure ulcer, **pressure ulcer worsened**, incontinence worsened, falls



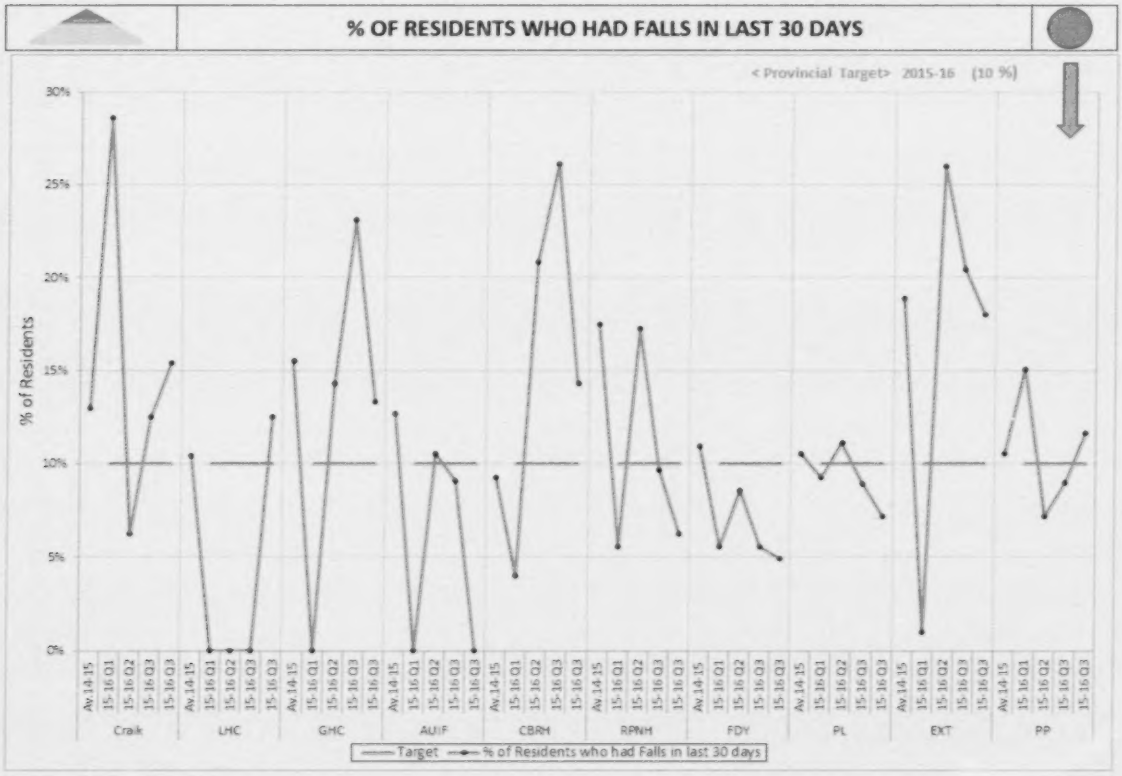
Quality

Service Line Goal: 7 specific quality indicators are maintained at rates better than the provincial quarterly average: use of antipsychotics, restraints, pain worsened, new pressure ulcer, pressure ulcer worsened, **incontinence worsened**, falls



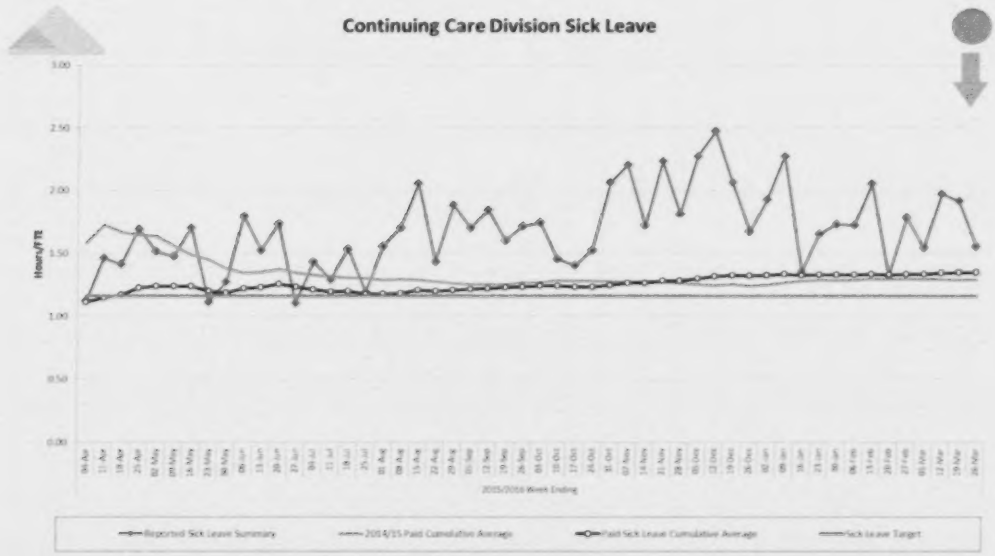
Quality

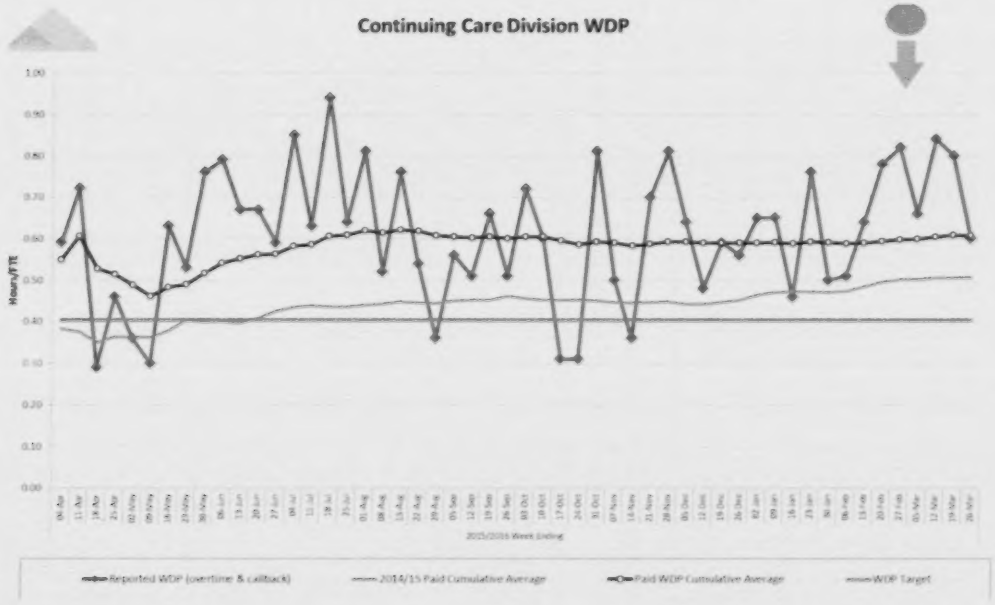
Service Line Goal: 7 specific quality indicators are maintained at rates better than the provincial quarterly average: use of antipsychotics, restraints, pain worsened, new pressure ulcer, pressure ulcer worsened, incontinence worsened, **falls**



Cost

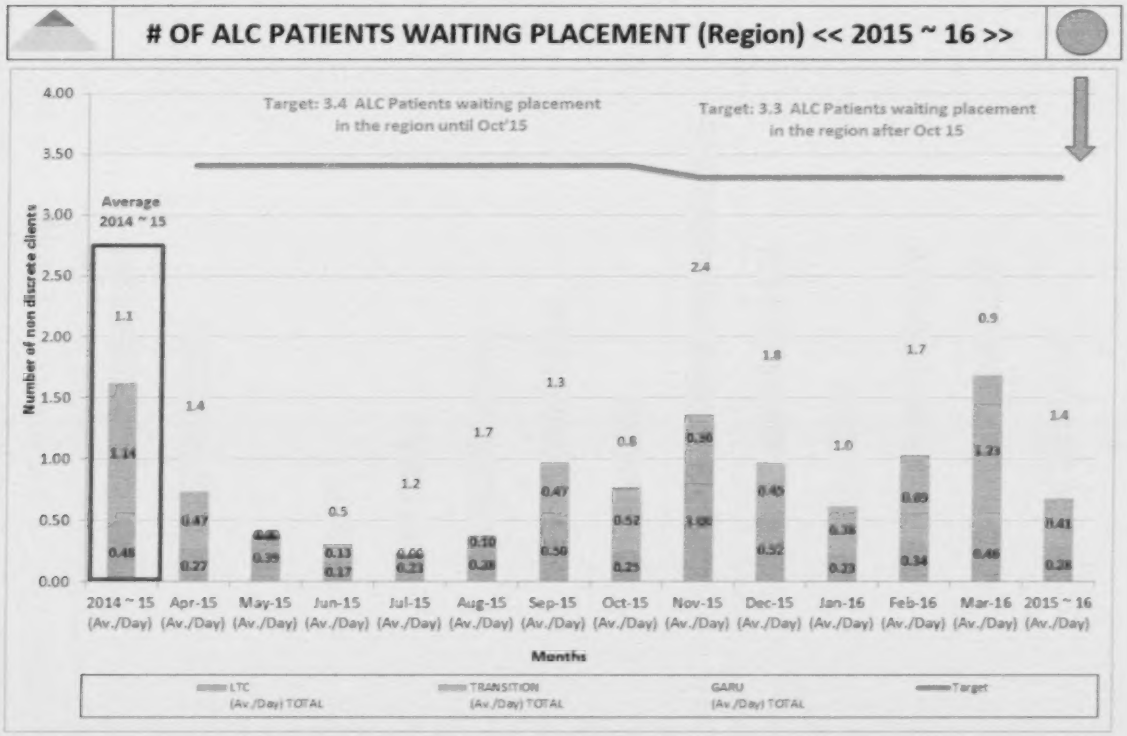
Service Line Goal: By March 31, 2016 sick leave and Wage Driven Premium (WDP) will meet or be below the regional target





Delivery

Service Line Goal: Maintain the number of beds occupied by Alternate Level of Care (ALC) clients in the region at no more than 3.5% of total beds



ALC (Alternate Level of Care) indicates that a client is receiving a level of care that is no longer required and are waiting for placement at an appropriate level of care.

Delivery

Service Line Goal: 100% LTC residents will have 'Mini Nutritional Assessment' (MNA) within 24 hours

% of MNA Completed with in 24 hrs of admission to LTC (In the region)

	Apr'15	May'15	Jun'15	Jul'15	Aug'15	Sep'15	Oct'15	Nov'15	Dec'15	Jan'16	Feb'16	Mar'16
% MNA done within 24 hrs				25	20	71	50	70	75	90	80	83
Target %	100	100	100	100	100	100	100	100	100	100	100	100

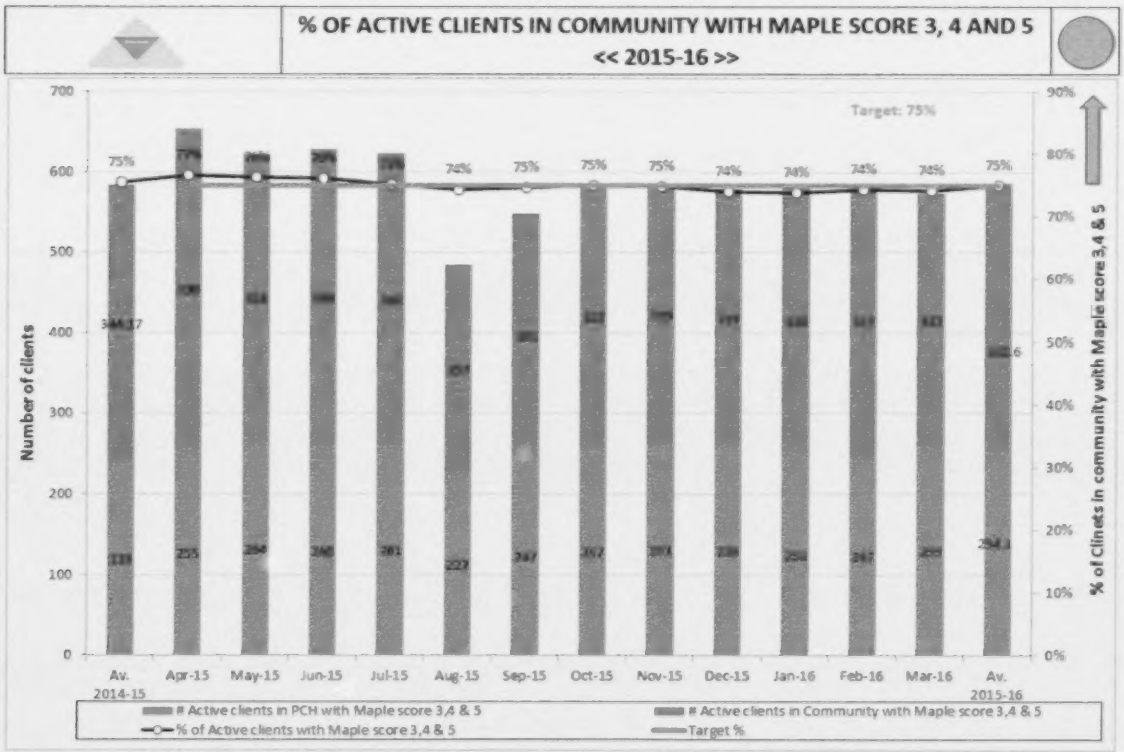
A MNA is a tool intended to identify clients who are malnourished or at risk of malnutrition. A MNA should be completed within 24 hours of admission to LTC.

Delivery

Health System Multi-Year Outcome: By March 31, 2020 seniors who require community support can remain at home as long as possible, enabling them to safely progress into other care options as needs change.

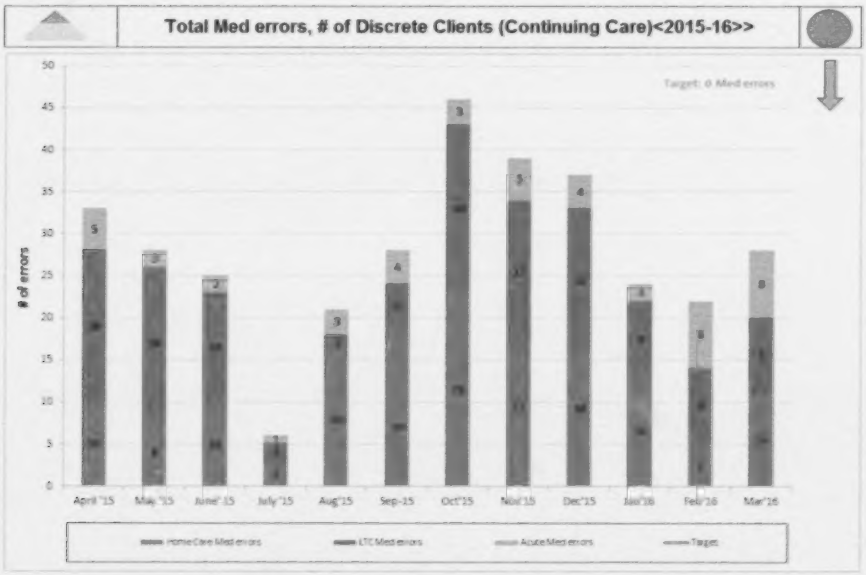
Health System Multi-Year Target: By March 31, 2017 the number of clients with a Method of Assigning Priority Levels (MAPLe) score of three to five living in the community supported by home care will increase by 25%

Service Line Goal: Maintain the number of clients in the community with MAPLe scores of 3-5 at 75% of Home Care clients in the community

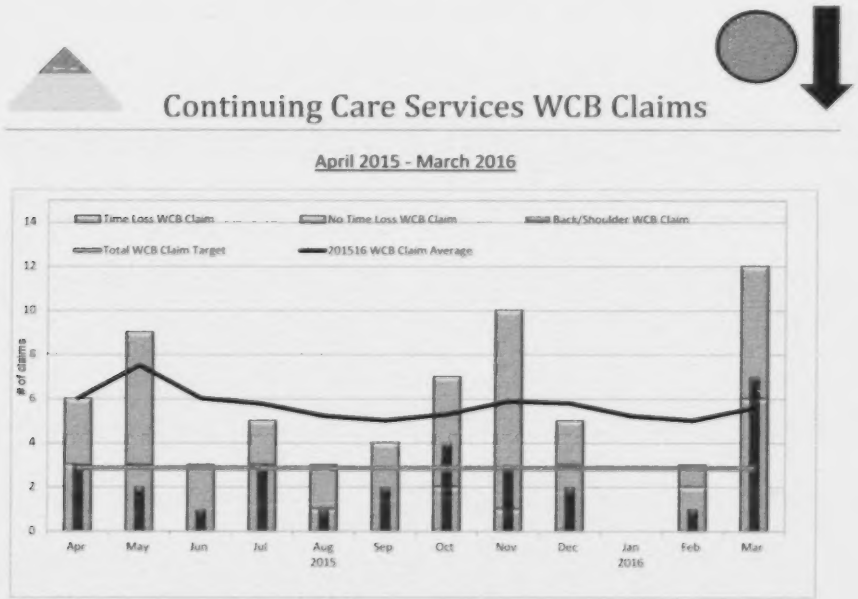


Safety

Service Line Goal: By March 31, 2016 eliminate the defect of medication errors in Continuing Care

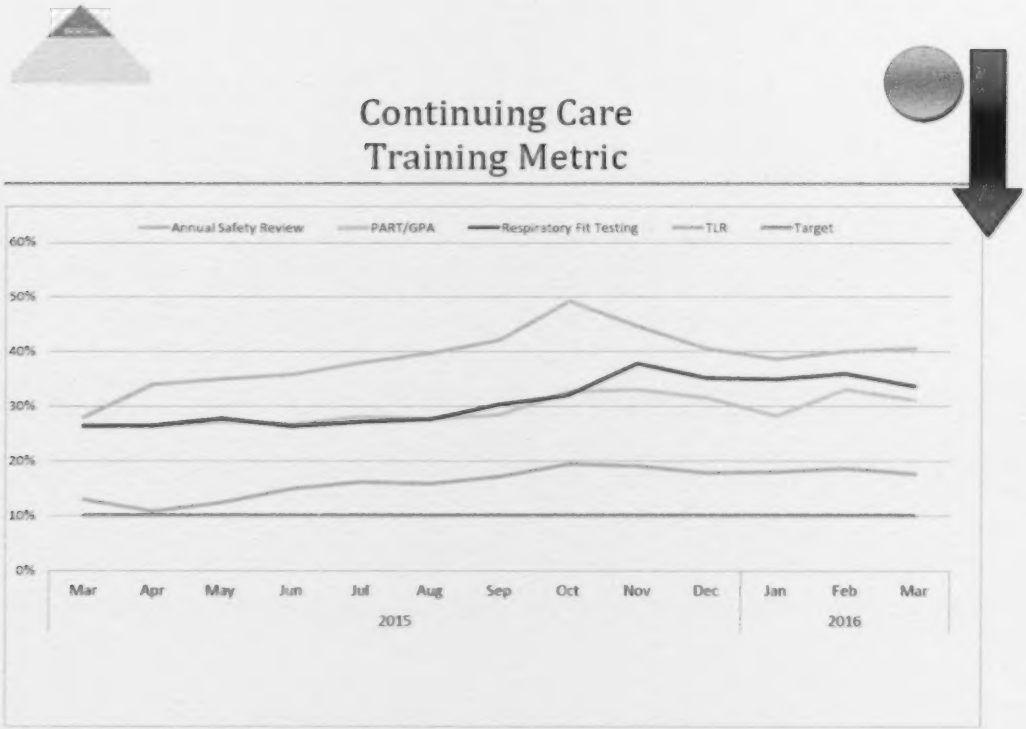


Service Line Goal: By March 31, 2016 there will be zero injuries



Safety

Service Line Goal: 90% of recertifications completed by staff by required date

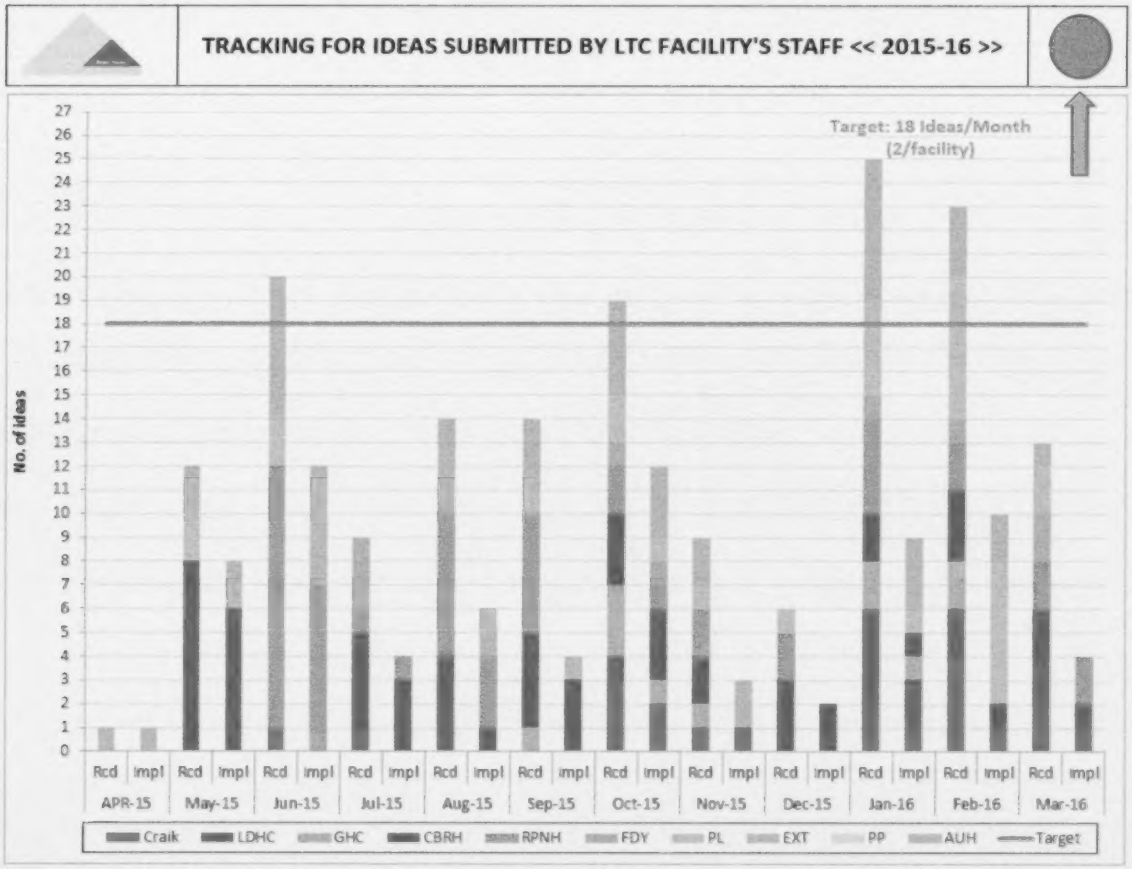


Achieving this target means that less than 10% of staff will not achieve recertifications by required date.

PART - Professional Assault Response Training
GPA - Gentle Persuasion Approaches
TLR - Transfer Lifting Repositioning

Morale

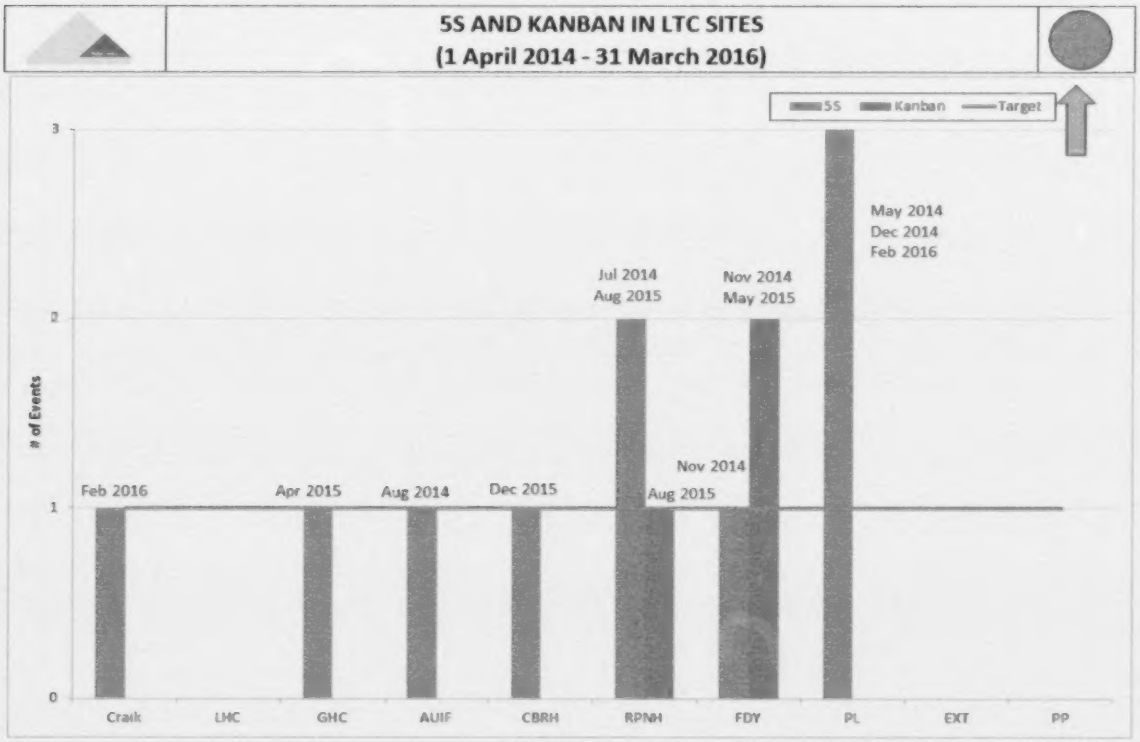
Service Line Goal: Two improvement ideas in each long term care facility each month



Rcd - Received
Impl - Implemented

Morale

Service Line Goal: Expand continuous improvement methodology within long term care (LTC) along with one Kanban project in each LTC facility by March 31, 2016

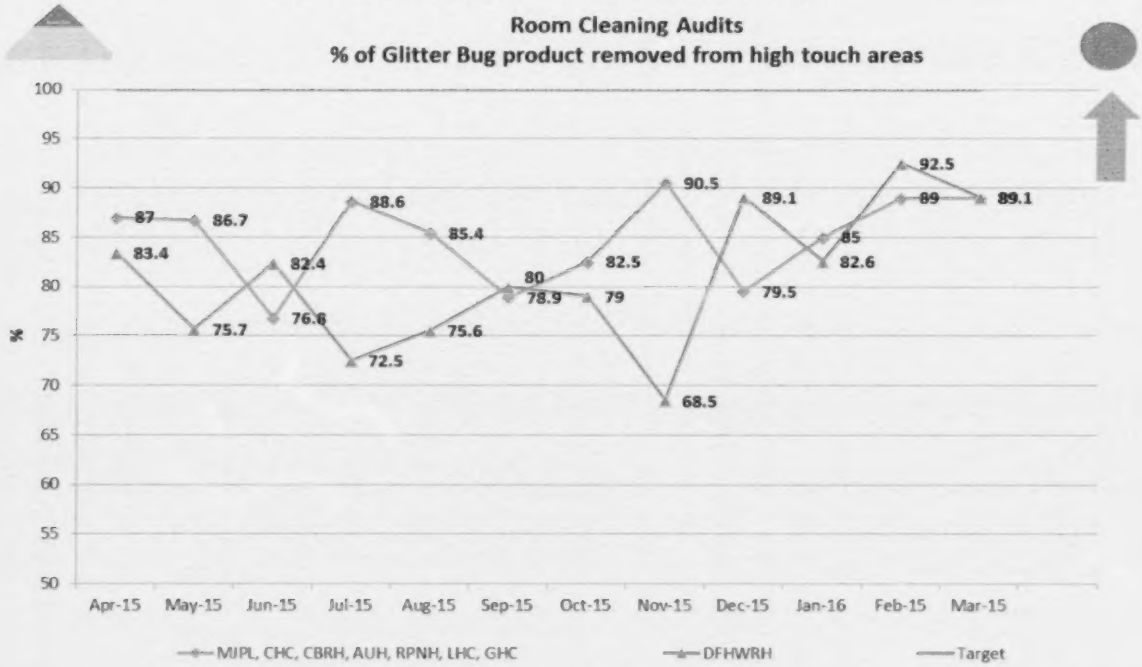


Kanban is an inventory control method intended to ensure providers always have the supplies they need and to reduce the time required to manage the ordering of supplies.

5S is an improvement tool used to improve workplace organization. The steps of Sweep, Sort, Shine, Standardize and Sustain are used to make sure a workplace contains the right level of needed supplies, stored in a way that makes it easy to find what is needed, when it's needed.

Quality

Service Line Goal: 100% of all of the invisible product "Glitterbug" is removed during cleaning by following the Standard of Work in all patient rooms

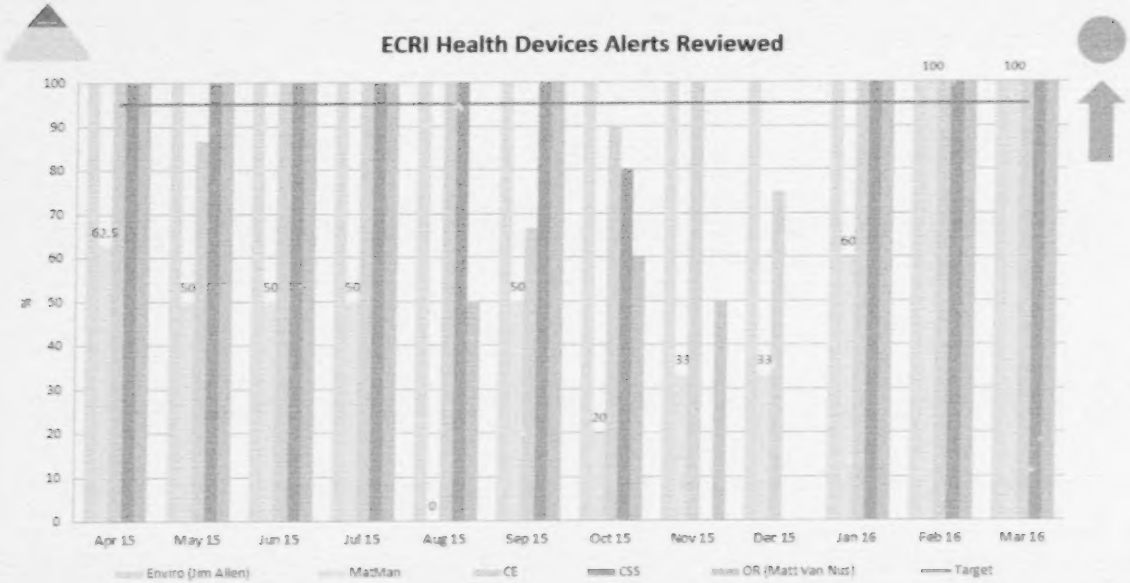


Glitterbug is a solution not visible to the naked eye that can be seen with an ultraviolet light. The solution is used to audit the effectiveness of room cleaning.

DFHWRH - Dr. F.H. Wigmore Regional Hospital

Quality

Service Line Goal: Achieve 95% completion rate of Health Devices Alerts reviewed

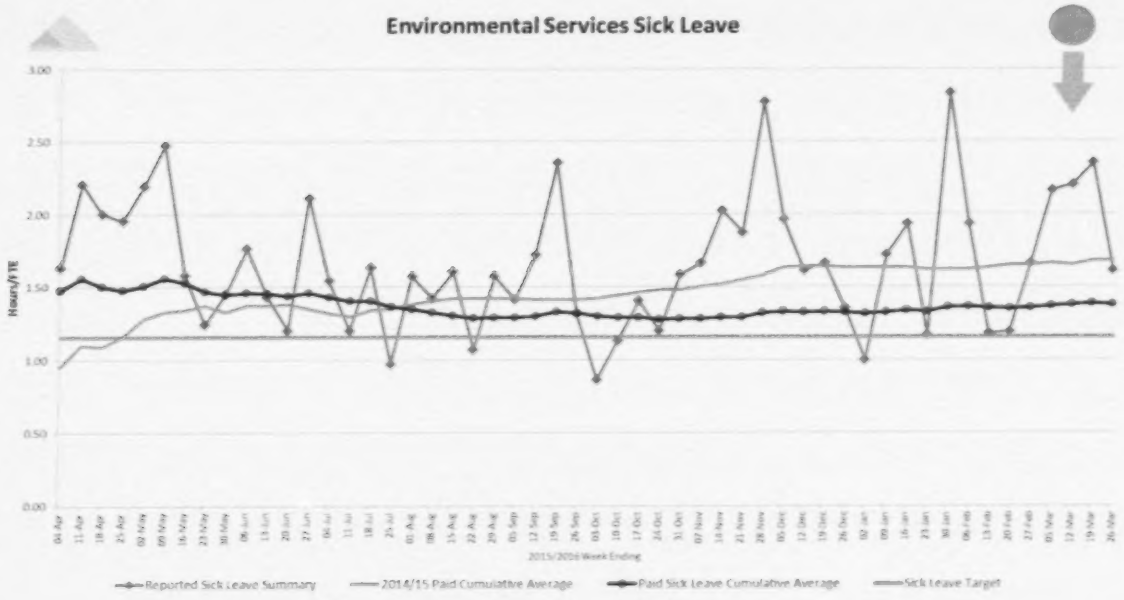


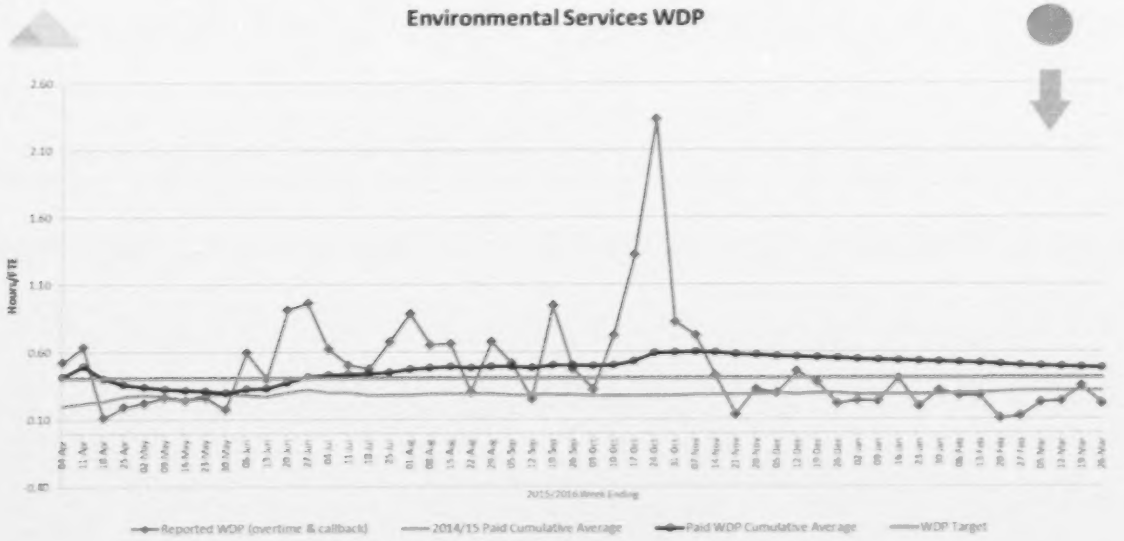
Emergency Care Research Institute (ECRI) sends weekly health device alert reports about products or devices that could compromise patient safety. These alerts need to be reviewed to see if we have any of the devices or products listed in use and take any required corresponding action.

Enviro - Environmental Service
MatMan - Material Management
CE - Clinical Engineering
CSS - Central Sterile Supply
OR - Operating Room

Cost

Service Line Goals: By March 2016 sick leave and Wage Driven Premium (WDP) utilization rates will be better than the regional average

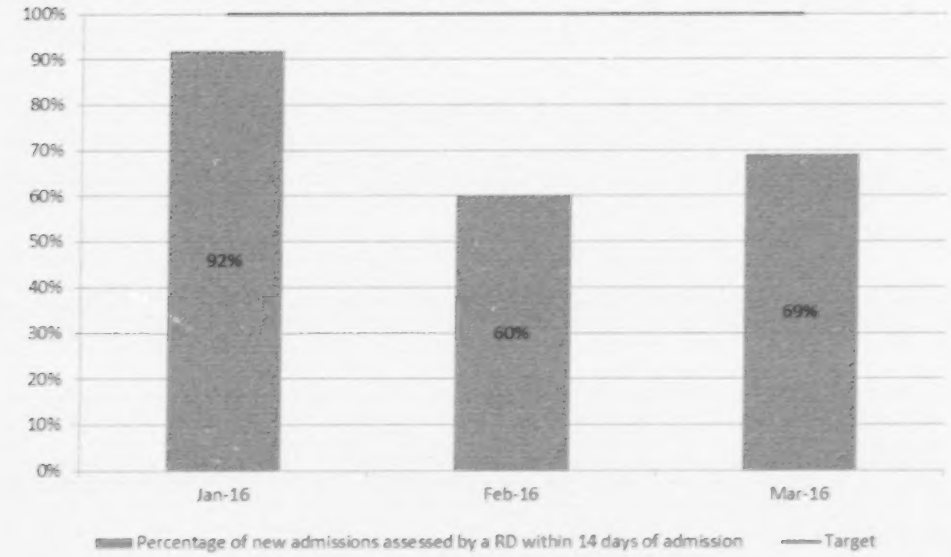




Delivery

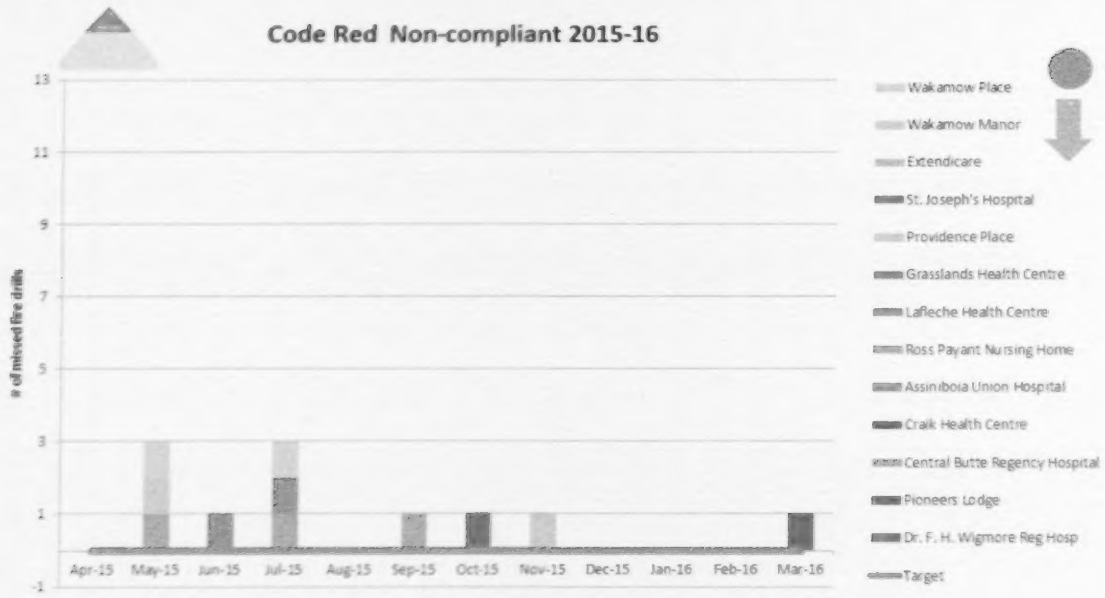
Service Line Goals: Complete 100% of nutritional assessments within two weeks of admission or of referral

Percentage of LTC Admissions Assessed by a Registered Dietitian (RD) within 14 days of Admission
***excludes Providence Place and Extendicare Admissions**



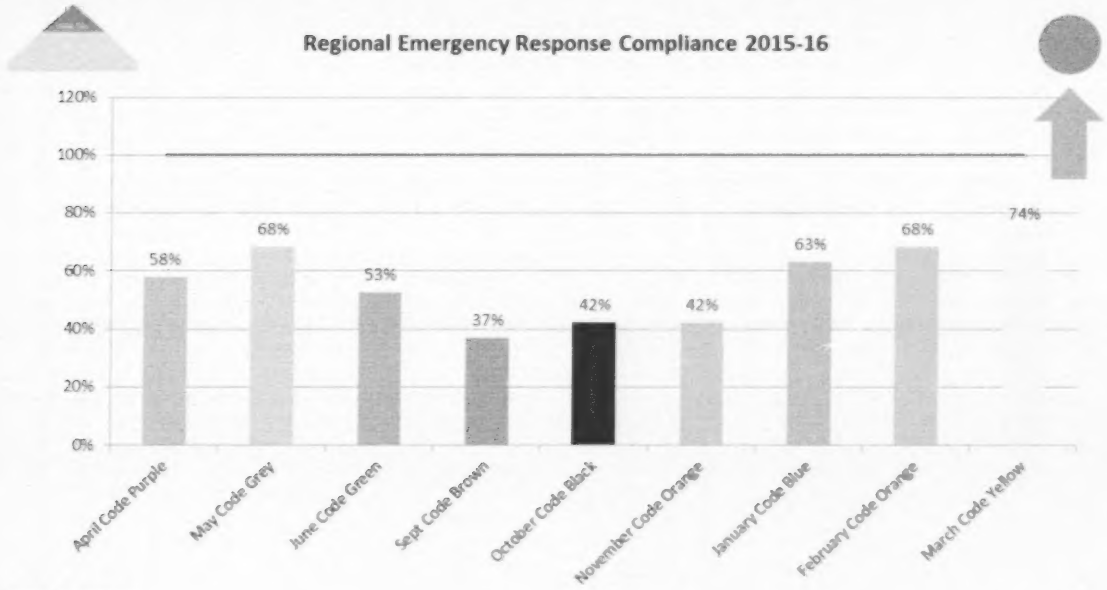
Safety

Service Line Goals: Increase compliance with fire drill requirements to 100%



Safety

Service Line Goals: Meet Accreditation Canada's Regional Emergency Exercises criteria 100%



Code Definitions:
Purple – Hostage Taking
Grey – Severe Weather
Green – Evacuation
Brown – Chemical Spill
Black – Bomb Threat
Orange – Disaster
Blue – Cardiac Arrest/Medical Emergency
Yellow – Missing Person

MANAGEMENT REPORT

May 25, 2016

Five Hills Health Region
Report of Management

The accompanying financial statements are the responsibility of management and are approved by the Five Hills Regional Health Authority. The financial statements have been prepared in accordance with Canadian public sector accounting standards and the Financial Reporting Guide issued by the Ministry of Health, and of necessity includes amounts based on estimates and judgments. The financial information presented in the annual report is consistent with the financial statements.

Management maintains appropriate systems of internal controls, including policies and procedures, which provide reasonable assurance that the Region's assets are safeguarded and the financial records are relevant and reliable.

The Authority is responsible for reviewing the financial statements and overseeing Management's performance in financial reporting. The Authority meets with Management and the external auditors to discuss and review financial matters. The Authority approves the financial statements and the annual report.

The appointed auditor conducts an independent audit of the financial statements and has full and open access to the Board. The auditor's report expresses an opinion on the fairness of the financial statements prepared by Management.

Cheryl Craig, BSN
President and Chief Executive Officer

Wayne Blazieko, CPA, CMA, MSA, B. Admin
Vice President, Finance and Chief Financial Officer

2015-2016 Financial Overview

The annual operating fund budget for 2015-16 was $155 (million). The actual operating fund revenues were $159.1M and operating fund expenses were $156.9M; resulting in an operating fund surplus of $2.2M (1.4% of operating expenses).

Overall, 94% of the operating fund revenue was provided by funding from the Ministry of Health. About 42% of the operating budget was spent on inpatient/resident services, 18% on community health, 17% on support services, 10% on physician compensation, 9% on diagnostic and therapeutic services and 5% on ambulatory care services. Approximately 89% of the annual budget was spent on salaries and benefits (includes grants to contractors).

The reasons for the overall favorable variance for the operating fund surplus are, in part, attributed to:

i) Higher income related to:
- Other recoveries in various areas ($.49M);
- Other (primarily a WCB surplus distribution) ($.72M).

ii) Lower expenses related to:
- utilities favorable pricing (natural gas $.24M and other $.18M);
- drugs ($.49M);
- medical and surgical ($.68M);
- prostheses ($.22M) and;
- laboratory supplies ($.17M).

The capital fund expenditures for 2015-16 were $24.4M with 50% being spent on construction in progress, 4% on building and building service equipment, 45% being spent on equipment and 1% for mortgage obligations.

The actual capital fund revenues were $13.1M (includes $8.3M Ministry of Health funding and $2.2M Municipal contribution to new hospital) and capital fund expenses were $10.1M (includes $9.6M in amortization); resulting in a capital fund surplus of $3.0M.

The annual restricted funds expenditures for 2015-16 was $.09M with revenue of $.01M; resulting in a restricted fund deficit for the year of $.08M.

Guaranteed debt obligations total $1.1M and are related to mortgages for special care homes and are secured through the chattels of those facilities. Details related to this debt are disclosed in detail in note 5 of the audited financial statements.

AUDITED FINANCIAL STATEMENTS

INDEPENDENT AUDITORS' REPORT

To the Members of the Board,
Five Hills Regional Health Authority

We have audited the accompanying financial statements of **Five Hills Regional Health Authority** which comprise the statement of financial position as at March 31, 2016, and the statements of operations and changes in fund balances, remeasurement gains and losses and cash flow for the year then ended, and a summary of significant accounting policies and other explanatory information.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with Canadian public sector accounting standards for government not-for-profit organizations, and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we comply with ethical requirements and plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditors' judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the Authority's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Authority's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion these financial statements present fairly, in all material respects, the financial position of Five Hills Regional Health Authority as at March 31, 2016, and the results of its operations and its cash flows for the year then ended in accordance with Canadian public sector accounting standards for government not-for-profit organizations.

Emphasis of Matter

We draw your attention to Note 17 which describes the retrospective correction of the accounting for co-ownership assets. Our opinion is not qualified in respect of this matter.

May 25, 2016
Regina, Saskatchewan

VIRTUS GROUP LLP
Chartered Professional Accountants

FIVE HILLS REGIONAL HEALTH AUTHORITY
STATEMENT OF FINANCIAL POSITION
As at March 31, 2016

	Operating Fund	Restricted Capital Fund	Restricted Community Trust Fund	Total March 31, 2016	Total March 31, 2015 (Notes 10 & 17)
ASSETS					
Current assets					
Cash and short-term investments (Schedule 2)	$ 21,740,134	$ 19,811,629	$ 12,067	$ 41,563,830	$ 49,404,400
Accounts receivable					
Ministry of Health - General Revenue Fund	999,979	-	-	999,979	358,200
Other	1,553,367	8,575	4,713	1,566,655	1,800,146
Inventory	812,292	-	-	812,292	812,567
Prepaid expenses	816,054	-	-	816,054	912,298
	25,921,826	19,820,204	16,780	45,758,810	53,287,611
Investments (Note 2, Schedule 2)	101,359	42,976	238,125	382,460	354,909
Capital assets (Note 3)	-	117,825,126	-	117,825,126	103,072,766
Total Assets	$ 26,023,185	$137,688,306	$ 254,905	$ 163,966,396	$ 156,715,286
LIABILITIES & FUND BALANCES					
Current liabilities					
Accounts payable	$ 7,343,554	$ 7,367	$ -	$ 7,350,921	$ 6,939,727
Accrued salaries	4,956,418	-	-	4,956,418	3,625,685
Vacation payable	6,517,268	-	-	6,517,268	6,125,728
Mortgages payable – Current (Note 5)	-	158,978	-	158,978	157,130
Deferred Revenue (Note 6)	2,756,280	68,357	-	2,824,637	2,711,428
	21,573,520	234,702	-	21,808,222	19,559,698
Long Term Liabilites					
Mortgages payable (Note 5)	-	924,997	-	924,997	1,084,079
Employee Future Benefits (Note 11)	3,021,800	-	-	3,021,800	3,022,300
Total Liabilities	24,595,320	1,159,699	-	25,755,019	23,666,077
Fund Balances					
Invested in capital assets	-	116,741,151	-	116,741,151	101,831,557
Externally restricted (Schedule 3)	-	-	254,905	254,905	539,974
Internally restricted (Schedule 4)	-	19,787,456	-	19,787,456	29,249,813
Unrestricted	1,427,865	-	-	1,427,865	1,427,865
Fund balances – (Statement 2)	1,427,865	136,528,607	254,905	138,211,377	133,049,209
Total Liabilities & Fund Balances	$ 26,023,185	$137,688,306	$ 254,905	$ 163,966,396	$ 156,715,286

Contractual Obligations and Contingent Liabilities (Note 4)
Asset Retirement Obligations (Note 4)
Pension Plan (Note 11)

Approved by the Board of Directors:

The accompanying notes and schedules are part of these financial statements.

FIVE HILLS REGIONAL HEALTH AUTHORITY
STATEMENT OF OPERATIONS AND CHANGES IN FUND BALANCES
For the Year Ended March 31, 2016

	Operating Fund			Restricted			
	Budget 2016	2016	2015	Capital Fund 2016	Community Trust Fund 2016	Total 2016	Total 2015
	(unaudited)		(Notes 10 & 17)				(Notes 10 & 17)
REVENUES							
Ministry of Health - general	$ 147,165,089	$ 149,287,842	$ 145,432,095	$ 8,269,421	$ -	$ 8,269,421	$ 12,080,125
Other provincial	1,556,935	2,057,578	1,785,293	45,471	-	45,471	45,471
Federal government	194,005	213,815	235,391	-	-	-	-
Patient & client fees	3,634,800	3,849,911	3,693,123	-	-	-	-
Out of province (reciprocal)	832,800	1,034,052	794,206	-	-	-	-
Out of country	75,000	141,659	105,714	-	-	-	-
Donations	2,500	127,959	17,560	4,555,407	-	4,555,407	8,980,673
Ancillary	241,603	342,798	192,011	20,600	-	20,600	20,600
Investment	247,168	227,004	334,632	240,471	6,282	246,753	423,986
Recoveries	1,292,333	1,832,222	1,904,563	-	-	-	-
Other	20,100	20,961	10,440	17,497	-	17,497	14,947
Total revenues	**155,262,333**	**159,135,801**	**154,505,028**	**13,148,867**	**6,282**	**13,155,149**	**21,565,802**
EXPENSES							
Inpatient & resident services							
Nursing Administration	1,795,815	1,678,803	1,560,449	45,293	-	45,293	50,757
Acute	23,551,300	23,879,591	23,817,536	1,338,044	-	1,338,044	694,718
Supportive	36,798,667	37,436,763	35,423,171	270,670	-	270,670	273,739
Mental health & addictions	2,006,775	2,251,935	2,338,795	15,108	-	15,108	16,557
Total inpatient & resident services	**64,152,557**	**65,247,092**	**63,139,951**	**1,669,115**	**-**	**1,669,115**	**1,035,771**
Physician compensation	**15,920,810**	**15,999,894**	**14,769,700**	**-**	**-**	**-**	**-**
Ambulatory care services	**7,290,353**	**7,431,391**	**7,132,171**	**191,997**	**-**	**191,997**	**131,169**
Diagnostic & therapeutic services	**13,479,571**	**13,502,624**	**12,473,973**	**1,574,499**	**-**	**1,574,499**	**578,654**
Community health services							
Primary health care	2,414,760	2,093,685	2,097,198	14,383	-	14,383	159,519
Home care	9,409,832	10,209,076	9,388,198	301,062	78,295	379,357	272,475
Mental health & addictions	7,233,320	7,127,427	7,080,348	4,801	-	4,801	4,801
Population health	4,383,003	4,337,358	4,198,624	1,650	-	1,650	2,100
Emergency response services	3,097,889	3,344,250	3,039,308	-	-	-	636
Other community services	1,027,383	829,817	723,581	9,395	-	9,395	8,453
Total community health services	**27,566,187**	**27,941,613**	**26,527,257**	**331,291**	**78,295**	**409,586**	**447,984**
Support services							
Program support	7,926,626	7,660,279	7,516,693	637,853	6,055	643,908	314,172
Operational support	17,956,208	18,389,421	17,243,996	576,993	-	576,993	419,557
Other support	290,981	296,232	238,328	5,065,975	-	5,065,975	4,536,349
Employee Future Benefits	118,245	(500)	(42,000)	-	-	-	-
Total support services	**26,292,060**	**26,345,432**	**24,957,017**	**6,280,821**	**6,055**	**6,286,876**	**5,270,078**
Ancillary	**184,144**	**128,463**	**131,508**	**-**	**-**	**-**	**-**
Total expenses (Schedule 1)	**154,875,692**	**156,896,709**	**149,131,577**	**10,147,723**	**84,350**	**10,232,073**	**7,461,656**
Excess (deficiency) of revenues over expenses	**$ 386,651**	**2,239,092**	**5,373,451**	**3,001,144**	**(78,068)**	**2,923,076**	**14,104,146**
Interfund Transfers							
Capital Asset Purchases		(1,994,133)	(5,128,492)	1,994,133		1,994,133	5,128,492
Mortgage Payment		(186,610)	(186,610)	186,610		186,610	186,610
SHC reserves		(58,349)	(58,349)	58,349		58,349	58,349
Total Interfund Transfers (Note 14)		(2,239,092)	(5,373,451)	2,239,092	-	2,239,092	5,373,451
Remeasurement Gains (Losses)		-	-	-	-	-	-
Increase (decrease) in fund balances		-	-	**5,240,236**	**(78,068)**	**5,162,168**	**19,477,597**
Fund balances, beginning of year (Note 17)		1,427,865	1,427,865	131,288,371	332,973	131,621,344	112,143,747
Fund balances, end of year		$ 1,427,865	$ 1,427,865	$ 136,528,607	$ 254,905	$ 136,783,512	$ 131,621,344

The accompanying notes and schedules are part of these financial statements.

FIVE HILLS REGIONAL HEALTH AUTHORITY
STATEMENT OF REMEASUREMENT GAINS AND LOSSES
For the Year Ended March 31, 2016

	2016	2015
Accumulated remeasurement gains, beginning of year	$ -	$ -
Unrealized gain (losses) attributed to:		
Investments (Schedule 2)	-	-
Realized gains (losses), reclassifed to statement of operations:		
Investments (Schedule 2)		
Designated fair value	-	-
Equity instruments	-	-
	-	-
Net remeasurement gains for the year	-	-
Accumulated remeasurement gains (losses), end of year	-	-

The accompanying notes and schedules are part of these consolidated financial statements.

FIVE HILLS REGIONAL HEALTH AUTHORITY
STATEMENT OF CASH FLOW
For the Year Ended March 31, 2016

	Operating Fund		Restricted Fund			
	2016	2015 (Notes 10 & 17)	Capital Fund	Community Trust Fund	Total 2016	Total 2015 (Notes 10 & 17)
Cash Provided by (used in):						
Operating activities						
Excess (deficiency) of revenue over expenses	$ 2,239,092	$ 5,373,451	$ 3,001,144	$ (78,068)	$ 2,923,076	$ 5,726,935
Net change in non-cash working capital (Note 7)	1,506,370	(9,119,281)	426,158	1,879	428,037	(174,094)
Amortization of capital assets	-	-	9,638,828	-	9,638,828	7,093,031
Investment income on long-term investments	-	-	-	-	-	-
Gain/(loss) on disposal of capital assets	-	-	-	-	-	-
	3,745,462	(3,745,830)	13,066,130	(76,189)	12,989,941	12,645,872
Capital Activities						
Purchase of capital assets						
Buildings/construction	-	-	(13,173,919)	-	(13,173,919)	(34,666,116)
Equipment	-	-	(11,217,269)	-	(11,217,269)	(5,212,933)
Proceeds on disposal of capital assets						
Buildings	-	-	-	-	-	-
Equipment	-	-	-	-	-	-
	-	-	(24,391,188)	-	(24,391,188)	(39,879,049)
Investing Activities						
(Purchase) Sale of long-term investment	(18,109)	(65,522)	-	(9,442)	(9,442)	14,221
	(18,109)	(65,522)	-	(9,442)	(9,442)	14,221
Financing Activities						
Repayment of debt	-	-	(157,234)	-	(157,234)	(148,418)
	-	-	(157,234)	-	(157,234)	(148,418)
Net increase/ (decrease) in cash & short term investments during the year	3,727,353	(3,811,352)	(11,482,292)	(85,631)	(11,567,923)	(27,367,374)
Cash & short term investments, beginning of year	20,251,873	29,436,676	29,054,829	97,698	29,152,527	51,146,450
Interfund transfers (Note 14)	(2,239,092)	(5,373,451)	2,239,092	-	2,239,092	5,373,451
Cash & short term investments, end of year (Schedule 2)	**$ 21,740,134**	**$ 20,251,873**	**$ 19,811,629**	**$ 12,067**	**$ 19,823,696**	**$ 29,152,527**

The accompanying notes and schedules are part of these financial statements.

FIVE HILLS REGIONAL HEALTH AUTHORITY
NOTES TO THE FINANCIAL STATEMENTS
As At March 31, 2016

1. Legislative Authority

The Five Hills Regional Health Authority (RHA) operates under The Regional Health Services Act (The Act) and is responsible for the planning, organization, delivery, and evaluation of health services it is to provide within the geographic area known as the Five Hills Health Region, under section 27 of The Act. The Five Hills RHA is a not-for-profit organization and is not subject to income or property taxes from the federal, provincial, and municipal levels of government. The RHA is a registered charity under the *Income Tax Act* of Canada.

2. Significant Accounting Policies

These financial statements have been prepared in accordance with Canadian public sector accounting (PSA) standards, issued by the Public Sector Accounting Board and published by CPA Canada (Chartered Professional Accountants). The RHA has adopted the standards for government not-for-profit organizations, set forth at PSA Handbook section PS 4200 to PS 4270.

a) Health Care Organizations

i) The RHA has agreements with and grants funding to the following prescribed Health Care Organizations (HCOs) and third parties to provide health services:

Extendicare (Canada) Inc.
Canadian Mental Health Association (Saskatchewan Division)
Thunder Creek Rehabilitation Association Inc.
Lifeline Ambulance Service Inc.
Hutch Ambulance Service Inc.

Note 9 b) i) provides disclosure of payments to prescribed HCOs and third parties.

ii) The following affiliates are incorporated as follows (and are registered charities under the Income Tax Act):

Providence Place for Holistic Health Inc. – *Non profit Corporations Act*
St. Joseph's Hospital (Grey Nuns) of Gravelbourg – *Non profit Corporations Act*

The RHA provides annual grant funding to these organizations for the delivery of health care services. Consequently, the RHA has disclosed certain financial information regarding these affiliates.

Note 9 b) ii) provides supplementary information on the financial position, results of operations, and cash flows of the affiliates.

b) Fund Accounting

The accounts of the RHA are maintained in accordance with the restricted fund method of accounting for contributions. For financial reporting purposes, accounts with similar characteristics have been combined into the following major funds:

i) Operating Fund

The operating fund reflects the primary operations of the RHA including revenues received for provision of health services from the Ministry of Health - General Revenue Fund, and billings to patients, clients, the federal government and other agencies for patient and client services. Other revenue consists of donations, recoveries, and ancillary revenue. Expenses are for the delivery of health services.

ii) Capital Fund

The capital fund is a restricted fund that reflects the equity of the RHA in capital assets after taking into consideration any associated long-term debt. The capital fund includes revenues received from the Ministry of Health - General Revenue Fund designated for construction of capital projects and/or the acquisition of capital assets. The capital fund also includes donations designated for capital purposes by the contributor. Expenses consist primarily of amortization of capital assets.

iii) Community Trust Fund

The community trust fund is a restricted fund that reflects community generated assets transferred to the RHA in accordance with the pre-amalgamation agreements signed with the amalgamating health corporations. The assets include cash and investments initially accumulated by the health corporations in the RHA from donations or municipal tax levies. These assets are accounted for separately and use of the assets is subject to restrictions set out in pre-amalgamation agreements between the RHA and the health corporations.

c) Revenue

Unrestricted revenues are recognized as revenue in the Operating Fund in the year received or receivable if the amount to be received can be reasonably estimated and collection is reasonably assured.

Restricted revenues related to general operations are recorded as deferred revenue and recognized as revenue of the Operating Fund in the year in which the related expenses are incurred. All other restricted revenues are recognized as revenue of the appropriate restricted fund in the year received or receivable if the amount to be received can be reasonably estimated and collection is reasonably assured.

d) Capital Assets

Capital assets are recorded at cost. Normal maintenance and repairs are expensed as incurred. Capital assets, with a life exceeding one year, are amortized on a straight-line basis over their estimated useful lives as follows:

Buildings	2.5 to 10%
Land improvements	2.5 to 20%
Equipment	5 to 33%

Donated capital assets are recorded at their fair value at the date of contribution (if fair value can be reasonably determined.)

e) Inventory

Inventory consists of general stores, pharmacy, laboratory, linen and other. Cost of inventory held is determined on a weighted average basis, except for dietary, linen, laundry, plant maintenance and remote facility inventory which is determined on a first in, first out basis. All inventories are held at the lower of cost or net realizable value.

f) Employee Future Benefits

i) Pension plan:

Employees of the RHA participate in several multi-employer defined benefit pension plans or a defined contribution plan. The RHA follows defined contribution plan accounting for its participation in the plans. Accordingly the RHA expenses all contributions it is required to make in the year.

ii) Disability income plan:

Employees of the RHA participate in several disability income plans to provide wage-loss insurance due to a disability. The RHA follows post-employment benefits accounting for its participation in the plans. Accordingly, the RHA expenses all contributions it is required to make in the year.

iii) Accumulated sick leave benefit:

The RHA provides sick leave benefits for employees that accumulate but do not vest. The RHA recognizes a liability and an expense for sick leave in the period in which employees render services in return for the benefits. The liability and expense is developed using an actuarial cost method.

g) Measurement Uncertainty

These financial statements have been prepared by management in accordance with Canadian public sector accounting standards. In the preparation of financial statements, management makes various estimates and assumptions in determining the reported amounts of assets and

liabilities, revenues and expenses and in the disclosure of commitments and contingencies. Changes in estimates and assumptions will occur based on the passage of time and the occurrence of certain future events. The changes will be reported in earnings the period in which they become known.

h) Financial Instruments

Cash, bonds, GICs, accounts receivable, accounts payable, accrued salaries and vacation payable are recorded at amortized cost. Gains and losses on these financial instruments are recognized in the Statement of Operations when the financial asset is derecognized due to disposal or impairment. Long term debt and mortgages payable are carried at amortized cost.

Financial assets in the fair value category are marked-to-market by reference to their quoted bid price. Sales and purchases of investments are recorded on the trade date. Investments consist of guaranteed investment certificates, term deposits, bonds and debentures. Transaction costs related to the acquisition of investments are expensed.

As at March 31, 2016 (2015 – none), the RHA does not have any outstanding contracts or financial instruments with embedded derivatives. Financial assets are classified as level 1 in the fair value hierarchy.

i) Replacement Reserves

The RHA is required to maintain certain replacement reserves as a condition of receiving subsidy assistance from Saskatchewan Housing Corporation. Schedule 4 shows the changes in these reserve balances during the year.

j) Volunteer Services

The operations of the RHA utilize services of many volunteers. Because of the difficulty in determining the fair market value of these donated services, the value of these donated services is not recognized in the financial statements.

3. Capital Assets

	March 31, 2016			March 31, 2015 (Notes 10 & 17)
	Cost	Accumulated Amortization	Net Book Value	Net Book Value
Land	$ 3,966,133	$ -	$ 3,966,133	$ 3,966,133
Land Improvements	533,671	376,210	157,461	133,418
Buildings	125,694,628	25,378,044	100,316,584	6,320,891
Equipment	36,219,511	22,834,563	13,384,948	7,793,559
Construction in progress	-	-	-	84,858,765
	$ 166,413,943	$ 48,588,817	$ 117,825,126	$ 103,072,766

4. Contractual obligations and contingent liabilities

a) Capital Assets Acquisitions

At March 31, 2016, contractual obligations for the acquisition of capital assets (including the demolition of existing hospital) were $3,558,982 (2015 - $13,927,473). The total contractual obligation includes an amount for the construction of a new hospital $2,833,439 (2015 - $10,261,667).

b) Contracted Health Service Organizations

The RHA continues to contract on an ongoing basis with private health service operators to provide health services in the RHA. Services provided in the year ending March 31, 2016 will continue to be contracted for the following fiscal year. Note 9 b) provides supplementary information on Health Care Organizations.

c) Asset Retirement Obligations

The RHA has an asset retirement obligation for the demolition of the old hospital in Moose Jaw, which will be completed once the new facility is constructed and operational. The total cost for this obligation is $2,308,961 and is included in the contractual obligation for the construction contract disclosed in Note 4 a) above.

d) Contingent Liability

During the construction of the new hospital in Moose Jaw, a dispute arose with a subcontractor regarding the terms and conditions in the contract. As a result, the subcontractor has placed a $11,977,637 lien on the property. At this time, the RHA is working with its legal council to resolve this issue but the outcome of this dispute is not determinable. No amounts have been accrued in the financial statements for this amount.

5. Mortgages Payable

Title of Issue	Interest Rate	Annual Repayment Terms	Balance Outstanding 2016	2015
Pioneer Housing (Moose Jaw) CMHC, due November 1, 2016	5.38%	$22,877 principal & interest. Mortgage renewal date – November 1, 2016	$14,952	$36,412
Pioneer Housing (Moose Jaw) CMHC, due July 1, 2019	6.88%	$7,229 principal & interest. Mortgage renewal date – July 1, 2019	21,496	27,061
Pioneer Housing (Moose Jaw) CMHC, due September 1, 2027	10.50%	$95,747 principal & interest of which $22,188 is subsidized by SHC. Yielding an effective interest rate of 7.3%. Mortgage renewal date - September 1, 2027.	645,835	673,635
Regency Manor CMHC, due August 1, 2019	4.37%	$99,558 principal & interest of which $23,283 is subsidized by SHC. Yielding an effective interest rate of 0%. Mortgage renewal date - October 1, 2016.	315,629	399,494
Assiniboia Pioneer Lodge CMHC, due October 1, 2024	8.00%	$6,503 principal & interest. Mortgage renewal date - October 1, 2024.	40,417	43,602
Assiniboia Pioneer Lodge CMHC, due November 1, 2018	6.00%	$18,561 principal & interest. Mortgage renewal date - November 1, 2018.	45,646	61,005
			$1,083,975	$1,241,209
Less: Current portion			158,978	157,130
			$924,997	$1,084,079

Saskatchewan Housing Corporation (SHC) may provide a mortgage subsidy for supportive care homes financed by Canada Mortgage and Housing Corporation (CMHC). The subsidy may change when the mortgage renewal occurs.

For each of the mortgages, the RHA has pledged the related buildings of the special care homes as security. Principal repayments required in each of the next five years, and thereafter are estimated as follows:

2017	$ 158,978
2018	152,866
2019	156,073
2020	89,931
2021	51,088
2022 and subsequent	475,039

6. Deferred Revenue

As at March 31, 2016 **Sask Health Initiatives**	Balance Beginning of Year	Less Amount Recognized	Add Amount Received	Balance End of Year
Saskatchewan Health – General Revenue Fund	$ -	$ -	$ -	$ -
Approved home enhancements	-	47,245	61,680	14,435
Approved home operator training	-	3,469	4,250	781
Alt Physician Pymt C Butte	21,314	46,028	46,600	21,886
Alt Physician Pymt Moose Jaw	438,525	1,763,480	1,393,122	68,167
Alt Physician Pymt Craik	52,381	217,696	253,842	88,527
Alt Physician Pymt Assiniboia	-	1,149	192,885	191,736
Alt Physician Pymt Teen Wellness	11,321	84	13,191	24,428
Alt Physician Pymt Crescent View MJ	11,598	336,048	324,450	-
Alt Physician Pymt Pediatrics	147,079	649,336	709,772	207,515
Primary Health Care Craik	8,944	107,919	137,601	38,626
Primary Health Care Moose Jaw	27,190	57,419	85,000	54,771
Primary Health Care Crescent View MJ	182,175	552,122	757,401	387,454
Addictions Cross Training	30,820	62,837	80,000	47,983
Addictions	-	43,267	80,000	36,733
Addictions Community Supports	-	241,675	259,000	17,325
Safestart Program Quality Workplace	33,918	1,411	10,000	42,507
Nurse Mentorship Initiative	-	40,982	65,000	24,018
Public Health Capacity	273,340	32,936	-	240,404
Autism Services	7,836	172,667	172,667	7,836
Bursary Program For Nurse Practitioner	-	10,000	35,000	25,000
Bursary Program For Health Students	18,896	16,500	20,000	22,396
Purposeful rounding Long Term Care	-	2,598	60,000	57,402
Resident Assessment	-	-	75,000	75,000
Magnetic Resonance Imaging	-	262,871	400,000	137,129
Rural Locum	-	9,712	60,500	50,788
Drug Treatment Program	-	70,975	75,200	4,225
Alternate Payment Project Geriatrics	23,000	-	-	23,000
Enhanced Preventative Dental	-	50,170	81,229	31,059
Primary Health Care - South Pharmacy Services	3,406	21,053	40,000	22,353
Perioperative student	12,000	24,000	12,000	-
Lower extremity wound pathway	20,400	18,488	10,200	12,112
Compensation	335,331	335,331	-	-
Urgent Issues Fund - long term care	100,000	84,746	-	15,254
Total Sask Health	**$ 1,759,474**	**$ 5,284,214**	**$ 5,515,590**	**$ 1,990,850**

As at March 31, 2016	Balance Beginning of Year	Less Amount Recognized	Add Amount Received	Balance End of Year
Other Government of Sask Initiatives				
Sask Learning - General Revenue Fund - Kids First Targeted	$ 104,003	$ 690,142	$ 627,780	$ 41,641
Sask Learning - General Revenue Fund - Kids First Non Targeted	15,377	81,705	76,896	10,568
Sask Social Services - General Revenue Fund - Family Outreach Program	58,539	201,477	176,623	33,685
Sask Academic Health Sciences Network (SAHSN) - Preceptor Recognition	1,416	1	-	1,415
Ehealth Sask-Pharm Medstations	136,785	136,785	-	-
3s health Smart Pump Program	-	-	87,746	87,746
Other - SGI Acquired Brain Injury Prov Coord Adv	27,453	109,812	82,359	-
Other - SGI Acquired Brain Injury Comm Coord Adv	23,505	94,020	70,515	-
Other - SGI Acquired Brain Injury Independent Living Adv	13,983	55,155	41,172	-
Other - SGI Acquired Brain Injury Comm Coord	82,537	-	7,211	89,748
Other - SGI Acquired Brain Injury Prov Coord	24,294	-	11,373	35,667
RQRHA Autism Regional Occup Therapy	37,780	-	-	37,780
Total Other Government of Sask Initiatives	**$ 525,672**	**$ 1,369,097**	**$ 1,181,675**	**$ 338,250**
Non Government of Sask Initiatives				
GST rebate subject to further review	-	-	78,728	78,728
Smoking Cessation- Baby's Best Start	3,608	3,608	-	-
Other - Resource Centre	36,695	-	-	36,695
Mental Health Clinical Conference	9,230	-	-	9,230
Other - MJ Health Foundation	272	272	-	-
Other - MJHF (Operating Equipment)	97,281	86,355	-	10,926
Other - Assiniboia Union Hospital	4,933	4,933	-	-
Other - Home Care Palliative	24,960	9,329	-	15,631
Other - First Nations Health Employer Support	18,451	568	-	17,883
Other - Pioneer Housing MJ Mortlach Mgmt Board	607	607	-	-
Other - Canadian Public Health Association	11,790	-	-	11,790
Other - Sun Partnership Agreement Recruitment Retention	62,256	-	-	62,256
Other - Patient rent received in advance	63,672	63,671	46,236	46,237
Other - Homecare Moose Jaw Nursing	6,000	-	-	6,000
Other - Prev Family Outreach Program	7,910	7,910	-	-
Other - MJUH Emergency Room	1,315	-	-	1,315
Other - MJUH ICU education	2,000	2,000	2,000	2,000
Other - School based services	20,992	107,146	176,566	90,412
Other - Community Youth Program	15,002	15,002	-	-
Other - HQC Pursuing Excellence	7,273	-	-	7,273
Other - miscellaneous	32,035	1,231	-	30,804
Total Non Government of Sask Initiatives	**$ 426,282**	**$ 302,632**	**$ 303,530**	**$ 427,180**
Total Deferred Revenue	**$ 2,711,428**	**$ 6,955,943**	**$ 7,000,795**	**$ 2,756,280**

The amount reported as deferred revenue in the capital fund at March 31, 2016 ($68,357) relates to a 10% deposit on the sale of the old hospital property to the City of Moose Jaw.

Externally restricted revenue, received in the operating fund, is deferred if the restriction has not been fulfilled by the end of the fiscal year.

7. Net Change in Non-cash Working Capital

	Operating Fund		Restricted Funds			
	2016	2015 (Notes 10 & 17)	Capital Fund	Community Trust Fund	Total 2016	Total 2015 (Notes 10 & 17)
(Increase) Decrease in accounts receivable	$ (768,741)	$ (205,683)	$ 358,574	$ 1,879	$ 360,453	$ (173,374)
(Increase) in inventory	275	80,713	-	-	-	-
(Increase) Decrease in prepaid expenses	96,244	(29,861)	-	-	-	-
Increase (Decrease) in accounts payable	411,967	(3,908,180)	(773)	-	(773)	(720)
Increase (Decrease) in accrued salaries	1,330,733	(1,283,966)	-	-	-	-
Increase in vacation payable	391,540	(216,785)	-	-	-	-
Increase in deferred revenue	44,852	(3,513,519)	68,357	-	68,357	-
(Decrease) Increase in employee future benefits	(500)	(42,000)	-	-	-	-
	$ 1,506,370	$ (9,119,281)	$ 426,158	$ 1,879	$ 428,037	$ (174,094)

8. Patient and Resident Trust Accounts

The RHA administers funds held in trust for patients and residents using the RHA's facilities. The funds are held in separate accounts for the patients or residents at each facility. The total cash held in trust as at March 31, 2016 is $4,008 (2015 - $2,557) and is included in the financial statements.

9. Related Party Transactions and Other Third Party Contractors

These financial statements include transactions with related parties. The RHA is related to all Saskatchewan Crown Agencies such as ministries, corporations, boards and commissions under the common control of the Government of Saskatchewan. The RHA is also related to non-Crown enterprises that the Government jointly controls or significantly influences. In addition, the RHA is related to other non-Government organizations by virtue of its economic interest in these organizations.

a) Related Party Transactions

Transactions with these related parties are in the normal course of operations. Amounts due to or from and the recorded amounts resulting from these transactions are included in the financial statements at the standard rates charged by those organizations and are settled on normal trade terms.

In addition, the RHA pays Provincial Sales Tax to the Saskatchewan Ministry of Finance on all its taxable purchases. Taxes paid are recorded as part of the cost of those purchases.

	2016	2015
Revenues		
Workers Compensation	$ 912,180	$ 510,504
Ministry of Education	871,847	880,923
	$ 1,784,027	$ 1,391,427

	2016	2015
Expenses		
3S Health	$ 3,397,900	$ 3,591,020
Saskatchewan Health Employees Pension Plan	5,755,088	5,529,481
Saskatchewan Energy	317,637	457,437
Saskatchewan Power	973,442	894,966
Ministry of Govt Services	373,365	390,535
eHealth Sask	144,725	166,668
Sask Tel	345,883	314,985
Valleyview	721,284	722,620
Workers Compensation	1,121,921	1,052,414
	$ 13,151,245	$ 13,120,126
Prepaid Expenses		
Workers Compensation	$ 278,965	$ 272,815
3S Health	1,805	4,854
	$ 280,770	$ 277,669
Accounts Payable		
3S Health	$ 217,353	$ 233,699
	$ 217,353	$ 233,699

b) Health Care Organizations

i) Prescribed Health Care Organizations and Third Parties

The RHA has also entered into agreements with prescribed HCOs and Third Parties to provide health services.

These organizations receive operating funding from the RHA on a monthly basis in accordance with budget amounts approved annually. During the year, the RHA provided the following amounts to prescribed HCOs and Third Parties:

	2016	2015
Extendicare (Canada) Inc.	$ 7,006,619	$ 6,834,479
Canadian Mental Health Association	13,181	13,050
Thunder Creek Rehabilitation Association Inc.	2,066,307	2,046,882
Lifeline Ambulance Service Inc.	2,223,966	1,974,463
Hutch Ambulance Service Inc.	697,289	647,920
	$ 12,007,362	$ 11,516,794

ii) Affiliates

The Act makes the RHA responsible for the delivery of health services in its region including the health services provided by privately owned affiliates. The Act requires affiliates to conduct their affairs and activities in a manner that is consistent with, and that reflects, the health goals and objectives established by the RHA. The RHA exercises significant influence over affiliates by virtue of its material inter-entity transactions. There is also an interchange of managerial personnel, provision of human resource and finance/administrative functions with some affiliates. The following presentation discloses the amount of funds granted to each affiliate:

	2016	2015
Providence Place for Holistic Health Inc.	$ 14,965,291	$ 14,396,249
St. Joseph's Hospital (Grey Nuns) of Gravelbourg	5,756,575	5,653,709
St. Joseph's Hospital (Grey Nuns) of Gravelbourg – Ambulance Service	358,248	325,903
	$ 21,080,114	$ 20,375,861

The Ministry of Health requires additional reporting in the following financial summaries of the affiliate entities for the years ended March 31, 2016 and 2015.

	Total 2016	Total 2015
Balance Sheet		
Assets	$5,179,317	$5,296,296
Net Capital Assets	20,262,933	20,879,508
Total Assets	$25,442,250	$26,175,804
Total Liabilities	$5,579,386	$5,554,519
Total Net Assets	19,862,864	20,621,286
	$25,442,250	$26,175,804

	Total 2016	Total 2015
Results of Operations		
RHA Grant	$21,297,802	$19,926,439
Other Revenue	4,560,970	4,310,569
Total Revenue	$25,858,772	$24,237,009
Salaries & Benefits	$20,861,133	$19,784,190
Other Expenses*	5,740,362	5,301,211
Total Expenses	$26,601,495	$25,085,401
Excess Expenses over revenues	($742,723)	($848,392)

* Other Expenses includes amortization of $1,255,699 (2015-$1,142,627)

	Total 2016	Total 2015
Cash Flows		
Cash from Operations	($132,452)	$108,089
Cash used in financing activities	630,711	83,623
Cash used in Investing activities	(629,064)	(295,806)
Increase (decrease) in cash	($130,805)	($104,094)

iii) Fund Raising Foundations

Fund raising efforts are undertaken through a non-profit business corporation known as the Moose Jaw Health Foundation (the Foundation). The Five Hills RHA has an economic interest in the Foundation. In accordance with donor-imposed restrictions, $4,697,593 (2015 - $3,676,132) of the foundation's net assets must be used to purchase specialized equipment. In 2014, the foundation's total expenses include contributions of $2,027,402 (2014 - $572,971) to the RHA.

10. Comparative Information

Certain prior period balances have been reclassified to conform with the current year's presentation.

11. Employee future benefits

a) Pension Plan

Employees of the RHA participate in one of the following pension plans:

1. Saskatchewan Healthcare Employees' Pension Plan (SHEPP) - This is jointly governed by a board of eight trustees. Four of the trustees are appointed by the Health Shared Services Saskatchewan (3SHealth) (a related party) and four of the trustees are appointed by Saskatchewan's health care unions (CUPE, SUN, SEIU, SGEU, RWDSU, and HSAS). SHEPP is a multiemployer defined benefit plan, which came into effect December 31, 2002. (Prior to December 31, 2002, this plan was the SAHO Retirement Plan and governed by the SAHO Board of Directors).

2. Public Service Superannuation Plan (a related party) - This is a defined benefit plan and is the responsibility of the Province of Saskatchewan.

3. Public Employees' Pension Plan (a related party) - This is a defined contribution plan and is the responsibility of the Province of Saskatchewan.

4. Saskatchewan Municipal Employees Pension Plan (MEPP) (a related party) – This is a defined benefit pension plan and is the responsibility of the Province of Saskatchewan.

The RHA's financial obligation to these plans is limited to making required payments to these plans according to their applicable agreements. Pension expense is included in Compensation – Benefits in Schedule 1 and is equal to the RHA contributions noted below.

	2016			2015
	SHEPP[1]	PEPP	Total	Total
Number of active members	1,201	13	1,214	1,188
Member contribution rate, percentage of salary	8.10-10.07%*	5.00-7.00%*		
RHA contribution rate, percentage of salary	9.072-11.984%*	5.00-7.00%*		
Member contributions (thousands of dollars)	5,081	66	5,147	4,946
RHA contributions (thousands of dollars)	5,691	64	5,755	5,529

* Contribution rate varies based on employee group.
1. Active members include all employees of the RHA, including those on leave of absense as of March 31, 2016. Inactive members are not reported by the RHA, their plans are transferred to SHEPP and managed directly by them. SHEPP contribution rates increased on December 15, 2013 (i.e., from 7.70% to 8.10% and from 10.00% to 10.70% for members; RHA contribution rates increased by the same proportion).

Pension Plan contribution rates have increased as a result of recent deficiencies in SHEPP. Any actuarially determined deficiency is the responsibility of participating employers and employees in the ratio 1.12 to 1. Contribution rates will continue to increase until the next actuarial reports are completed.

a) Disability Income Plans

Employees of the RHA participate in one of the following disability income plans, administered by 3sHealth:

1. General established in 1975;
2. SEIU established in 1975 – affiliated with the Service Employees International Union; and
3. SUN established in 1982 – affiliated with the Saskatchewan Union of Nurses.

The RHA's financial obligation to these plans is limited to making the required payments to these plans according to their applicable agreements. Disability expense is included in compensation – benefits and medical remuneration and benefits in Schedule 1 and is equal to the RHA contributions amount below.

	2016				2015
	General	SEIU	SUN	Total	Total
Number of active members	209	760	336	1,305	1,105
Member contribution rate, percentage of salary	.60-.70%*	1.39%	0.97%		
RHA contribution rate, percentage of salary	.70-.80%*	1.39%	1.13%		
Member contributions (thousands of dollars)	106	364	161	631	676
RHA contributions (thousands of dollars)	106	364	189	659	711

* Contribution rate varies based on employee group.

c) Accumulated sick leave benefit liability

The cost of the accrued benefit obligations related to sick leave entitlement earned by employees is actuarially determined using the projected benefit method prorated on service and management's best estimate of inflation, discount rate, employee demographics and sick leave usage of active employees. The RHA had completed an actuarial valuation as of March 31, 2016 with an estimated valuation to March 31, 2018. Key assumptions used as inputs into the actuarial calculation are as follows:

Actuarial Assumptions as of:	**March 31, 2015**	**March 31, 2016 (and projection years)**
Discount rate	1.9% per annum	2.4% per annum
Mortality rates	CPM 2014 Public Table with 2D Projections using CPM Scale B	
Underlying earnings escalation rate	0.0% per annum	1.0% per annum
Additional earnings increase for seniority, merit and promotion	For ages 15 to 29	2.0% per annum
	For ages 30 to 39	1.5% per annum
	For ages 40 to 49	1.0% per annum
	For ages 50 to 59	0.5% per annum
	For ages 60 and over	0.0% per annum (at March 31, 2015 SUN members received an additional 2.0% per annum at 20 years of service)
Termination rates	Sample rates shown below:	

Age	Rate
20	0.119
25	0.084
30	0.056
35	0.045
40	0.035
45	0.030
50	0.025
55	0.015
60	0.010

Retirement rates	Before member reaches Rule of 80 (age plus service equals at least 80):
	2% at age 55 for members who have between 10 and 22 years of service
	1% at age 60 for members who have between 6 and 9 years of service
	4% at age 60 for members who have between 10 and 17 years of service
	0% at all other ages and service where member does not meet Rule of 80
	After member reaches Rule of 80:
	8% for ages under 55
	35% at age 55 for members who have between 25 and 26 years of service (between 80 and 81 points)
	25% at age 55 for members who have at least 27 years of service (at least 82 points)
	12% for ages between 56 and 59 where the member has between 80 and 81 points
	8% for ages between 56 and 59 where member has at least 82 points
	25% for ages between 60 and 61 where the member has between 80 and 81 points
	19% for ages between 60 and 61 where the member has at least 82 points
	19% for ages between 62 and 64
	Irrespective of the rates shown above, the retirement rates for ages 65 and older are equal to 100%
	Retirement rates at any other combination of age and service not described above are 0%

		2016		2015
Accrued benefit obligation, beginning of year	$	3,022,300	$	3,064,300
Cost for the year				
Interest expense		61,900		88,600
Current period benefit cost		382,500		355,900
Amortization of actuarial losses		27,300		12,500
Benefits paid during the year		472,200		499,000
Accrued benefit obligation, end of year	$	3,021,800	$	3,022,300

12. Budget

The RHA Board approved the 2015-2016 budget plan on May 27, 2015.

13. Financial Instruments

a) Significant terms and conditions

There are no significant terms and conditions related to financial instruments classified as current assets or current liabilities that may affect the amount, timing and certainty of future cash flows. Significant terms and conditions for the other financial instruments are disclosed separately in these financial statements.

b) Financial risk management

The RHA has exposure to the following risk from its use of financial instruments: credit risk, market risk and liquidity risk.

The RHA has identified its major risks and ensures that management monitors and controls them. The Board oversees the RHA's systems and practises of internal control, and ensures that these controls contribute to the assessment and mitigation of risk.

c) Credit risk

The RHA is exposed to credit risk from the potential non-payment of accounts receivable. The majority of the RHA's receivables are from Saskatchewan Health - General Revenue Fund, Saskatchewan Workers' Compensation Board, health insurance companies or other Provinces, therefore low risk. The RHA is also exposed to credit risk from cash, short-term investments and investments.

The carrying amount of financial assets represents the maximum credit exposure as follows:

	2016	2015
Cash and short-term investments	$ 41,563,830	$ 49,404,399
Accounts receivable		
Ministry of Health - General Revenue Fund	999,979	358,200
Other	1,566,655	1,800,146
Investments	382,460	354,909
	$ 44,512,924	$ 51,917,654

The RHA manages its credit risk surrounding cash and short-term investments and investments by dealing solely with reputable banks and financial institutions, and utilizing an investment policy to guide their investment decisions. The RHA invests surplus funds to earn investment income with the objective of maintaining safety of principal and providing adequate liquidity to meet cash flow requirements.

d) Market risk:

Market risk is the risk that changes in market prices, such as foreign exchange rates or interest rates will affect the RHA's income or the value of its holdings of financial instruments. The objective of market risk management is to control market risk exposures within acceptable parameters while optimizing return on investment.

(i) Foreign exchange risk:

The RHA operates within Canada, but in the normal course of operations is party to transactions denominated in foreign currencies. Foreign exchange risk arises from transactions denominated in a currency other than the Canadian dollar, which is the functional currency of the RHA. The RHA believes that it is not subject to significant foreign exchange risk from its financial instruments.

(ii) Interest rate risk:

Interest rate risk is the risk that the fair value of future cash flows or a financial instrument will fluctuate because of changes in the market interest rates.

Financial assets and financial liabilities with variable interest rates expose the RHA to cash flow interest rate risk. The RHA's investments include guaranteed investment certificates and long-term bonds bearing interest at coupon rates. The RHA's mortgages payable outstanding as at March 31, 2016 and 2015 have fixed interest rates.

Although management monitors exposure to interest rate fluctuations, it does not employ any interest rate management policies to counteract interest rate fluctuations.

As at March 31, 2016 had prevailing interest rates increased or decreased by 1%, assuming a parallel shift in the yield curve, with all other variables held constant, the RHA's financial instruments would have decreased or increased by approximately $0 (2015 - $0), approximately 0% of the fair value of investments (2015 - 0%).

e) Liquidity risk:

Liquidity risk is the risk that the RHA will not be able to meet its financial obligations as they become due.

The RHA manages liquidity risk by continually monitoring actual and forecasted cash flows from operations and anticipated investing and financing activities.

At March 31, 2016 the RHA has a cash balance of $41,563,830 (2015 - $49,404,399).

f) Fair value

The following methods and assumptions were used to estimate the fair value of each class of financial instrument:

- The carrying amounts of these financial instruments approximate fair value due to their immediate or short-term nature.
  - Accounts receivable
  - Accounts payable
  - Accrued salaries and vacation payable

- Cash, short-term investments and long-term investments are recorded at fair value as disclosed in Schedule 2, determined using quoted market prices.

- The fair value of mortgages payable and long term debt before the repayment required within one year, is $1,375,899 (2015 - $1,660,059) and is determined using discounted cash flow analysis based on current incremental borrowing rates for similar borrowing arrangements, net of mortgage subsidies.

Determination of fair value

When the carrying amount of a financial instrument is the most reasonable approximation of fair value, reference to market quotations and estimation techniques is not required. The carrying values of cash and short-term investments, accounts receivable and accounts payable approximated their fair values due to the short-term maturity of these financial instruments.

For financial instruments listed below, fair value is best evidenced by an independent quoted market price for the same instrument in an active market. An active market is one where quoted prices are readily available, representing regularly occurring transactions. Accordingly, the determination of fair value requires judgment and is based on market information where available and appropriate. Fair value measurements are categorized

into levels within a fair value hierarchy based on the nature of the inputs used in the valuation.

Level 1 – Where quoted prices are readily available from an active market.
Level 2 – Valuation model not using quoted prices, but still using predominantly observable market inputs, such as market interest rates.
Level 3 – Where valuation is base on unobservable inputs. There were no items measured at fair value using level 3 in 2015 or 2016.

There were no items transferred between levels in 2015 or 2016.

g) Short-term Borrowing/Operating Line-of-credit:

Short-term borrowings are secured by assignment of future grant funding and bears interest rate at prime plus 1%, which is due on demand. Total interest paid on the short-term borrowings in 2016 was $0 (2015 - $0).
The RHA has a line-of-credit limit of $1,000,000 (2015 - $1,000,000) with an interest rate of prime plus 1%. The line-of-credit is secured by assignment of future grant funding. Total interest paid on the line-of-credit in 2016 was $0 (2015- $0).

14. Interfund Transfers

Each year the RHA transfers amounts between its funds for various purposes. These include funding capital asset purchases, and reassigning fund balances to support certain activities.

	2016			2015		
	Operating Fund	Capital Fund	Community Trust Fund	Operating Fund	Capital Fund	Community Trust Fund
Capital asset purchases	$ (1,994,133)	$ 1,994,133	$ -	$ (5,128,492)	$ 5,328,492	$ (200,000)
Mortgage repayment	(186,610)	186,610	-	(186,610)	186,610	-
SHC reserves	(58,349)	58,349	-	(58,349)	58,349	-
	$ (2,239,092)	$ 2,239,092	$ -	$ (5,373,451)	$ 5,573,451	$ (200,000)

15. Collective Bargaining Agreement

The Saskatchewan Union of Nurses (SUN) contract expired March 31, 2014. At March 31, 2016 a tentative four-year agreement had been signed and was ratified on April 20, 2016. The Health Sciences Association of Saskatchewan (HSAS) contract is in effect until March 31, 2018. The Service Employees International Union (SEIU) contract is in effect until March 31, 2017.

16. Pay for Performance

As part of government-wide fiscal restraint measures, the pay for performance compensation plan has been suspended for the fiscal years 2014-15 to 2016-17. This compensation plan was introduced in April 2011 and allowed senior employees to be eligible to earn lump sum performance adjustments of up to 110% of their base salary. In prior years, senior employees were paid 90% of current base salary and lump sum performance adjustments related to the previous year. Due to the suspension of the pay for performance compensation plan, senior employees will receive 100% of their base salary for the fiscal years 2014-15 to 2016-17.

17. Co-ownership Error

The RHA and Ministry of Health signed a co-ownership agreement on January 30, 2013 to construct a new hospital in Moose Jaw. The RHA received funding from the Ministry which was not recognized in the financial statements. The RHA only recognized its 25.85% share of the asset constructed and non Ministry funding. It has been determined that the full cost of the capital asset and the Ministry's share of the funding should be recognized. As a result, the RHA has retrospectively adjusted the financial statements to account for the Ministry's contribution.

At April 1, 2015, these financial statements were adjusted as follows:

	2015 As Previously Reported	Restatement Adjustment	2015 As Restated
ASSETS			
Capital Assets	36,307,041	66,765,725	103,072,766
Total Assets	89,949,560	66,765,725	156,715,285
LIABILITIES AND FUND BALANCES			
Fund Balances			
Investment in capital assets	35,065,832	66,765,725	101,831,557
Total Fund Balances	66,283,484	66,765,725	133,049,209
TOTAL LIABILITIES AND FUND BALANCES	89,949,560	66,765,725	156,715,285
REVENUES			
Ministry of Health - GRF	3,702,914	8,377,211	12,080,125
TOTAL REVENUES	13,188,591	8,377,211	21,565,802

FIVE HILLS REGIONAL HEALTH AUTHORITY
SCHEDULE OF EXPENSES BY OBJECT
For the Year Ended March 31, 2016

	Budget 2016	Actual 2016	Actual 2015
Operating:			
Advertising & public relations	$ 51,312	$ 98,348	$ 75,533
Board costs	110,763	55,391	56,475
Compensation - benefits	14,484,954	13,930,147	13,847,389
Compensation - employee future benefits	118,245	(500)	(42,000)
Compensation - salaries	69,686,471	73,968,025	70,177,393
Continuing education fees & materials	262,373	211,397	244,717
Contracted-out services - other	2,713,691	2,273,171	2,307,531
Diagnostic imaging supplies	172,790	178,483	132,435
Dietary supplies	145,972	158,669	144,325
Drugs	2,027,281	1,531,813	1,560,675
Food	1,370,282	1,382,187	1,226,039
Grants to ambulance services	3,010,286	3,279,503	2,948,286
Grants to health care organizations & affiliates	29,260,486	29,297,341	28,407,975
Housekeeping & laundry supplies	669,885	653,737	620,282
Information technology contracts	704,700	652,350	647,959
Insurance	290,981	216,126	232,106
Interest	3,346	2,157	2,629
Laboratory supplies	1,172,531	1,007,205	1,023,059
Medical & surgical supplies	3,458,114	2,774,644	2,898,731
Medical remuneration & benefits	15,546,451	15,525,201	14,352,630
Meetings	15,200	3,844	6,086
Office supplies & other office costs	729,500	667,909	539,247
Other	42,927	99,916	64,528
Professional fees	925,783	821,818	875,540
Prosthetics	702,225	483,165	513,580
Purchased salaries	204,403	924,280	191,901
Rent/lease/purchase costs	1,552,369	1,979,308	1,433,326
Repairs & maintenance	1,857,629	1,704,203	1,734,712
Supplies - other	253,578	166,584	141,344
Therapeutic supplies	94,505	114,647	93,143
Travel	1,254,993	1,164,712	1,085,373
Utilities	1,981,656	1,570,928	1,588,628
Total Operating Expenses	$ 154,875,682	$ 156,896,709	$ 149,131,577
Restricted:			
Amortization		$ 9,638,828	$ 7,093,031
Loss/(Gain) on disposal of fixed assets		-	-
Mortgage interest expense		92,469	101,337
Other		500,776	267,288
		$ 10,232,073	$ 7,461,656

Schedule 2

FIVE HILLS REGIONAL HEALTH AUTHORITY
SCHEDULE OF INVESTMENTS
As at March 31, 2016

	Fair Value	Maturity	Effective Rate	Coupon Rate
Restricted Investments*				
Cash and Short Term				
Chequing and Savings:				
Concentra	$ 19,719,439			
	$ 19,719,439			
Bond/Mutual Fund:				
RBC Invest Savings Acct	$ 61,699	n/a		
Home Trust GIC	42,558	6/6/2016	2.05%	2.05%
	$ 104,257			
Total Cash & Short Term Investments	$ 19,823,696			
Long Term				
LBC Trust GIC	$ 52,000	4/10/2017	1.77%	2.57%
Homequity Bank GIC	10,325	3/6/2019	2.60%	2.60%
Cdn Western Bank GIC	50,000	6/12/2019	2.57%	2.57%
Bank of Nova Scotia GIC	95,000	12/8/2019	2.57%	2.57%
Montreal Trust GIC	30,800	12/8/2019	2.57%	2.57%
Ontario Hydro	42,976	8/18/2022	8.90%	8.90%
Total Long Term Investments	$ 281,101			
Total Restricted Investments	**$ 20,104,797**			
Unrestricted Investments				
Cash and Short Term				
Chequing and Savings:				
Concentra	$ 21,710,976			
Royal Bank	10,219			
Cash on hand	11,095			
	$ 21,732,290			
RBC Invest Savings Acct	$ 7,844	n/a		
Total Cash & Short Term Investments	$ 21,740,134			
Long Term				
B2B Bank GIC	$ 15,000	2/26/2018	1.75%	1.75%
Home Equity bank GIC	64,350	9/12/2019	2.55%	2.55%
Montreal Trust GIC	3,900	12/8/2019	2.57%	2.57%
Home Trust GIC	18,109	6/4/2020	2.35%	2.35%
Total Long Term Investments	$ 101,359			
Total Unrestricted Investments	**$ 21,841,493**			
Total Investments	**$ 41,946,290**			
Restricted & Unrestricted Totals				
Total Cash & Short Term	$ 41,563,830			
Total Long Term	$ 382,460			
Total Investments	**$ 41,946,290**			

* Restricted Investments include:

- Community generated funds transferred to the RHA and held in the Community Trust Fund (Schedule 3); and
- Replacement reserves maintained under mortgage agreements with Canada Mortgage and Housing Corporation (CMHC) held in the Capital Fund (Schedule 4).

FIVE HILLS REGIONAL HEALTH AUTHORITY
SCHEDULE OF EXTERNALLY RESTRICTED FUNDS
For the Year Ended March 31, 2016

COMMUNITY TRUST FUND EQUITY

Trust Name	Balance Beginning of Year	Investment & Other Revenue	Donation	Expenses	Withdrawals	Balance End of Year
Non Government of Sask initiatives						
Moose Jaw Union Hospital - Haggerty	$ 15,460	$ 682	$ -	$ 6,055	$ -	$ 10,087
Moose Jaw Union Hospital - Elsom/Mutrie	14,971	150	-	-	-	15,121
Craik Health Centre	137,038	1,370	-	-	-	138,408
Thunder Creek Home Care	164,450	4,069	-	78,295	-	90,224
South Country	1,054	11	-	-	-	1,065
Total Non Government of Sask initiatives	332,973	6,282	-	84,350	-	254,905
Total Community Trust Fund	$ 332,973	$ 6,282	$ -	$ 84,350	$ -	$ 254,905

CAPITAL FUND

	Balance Beginning of Year	Investment & Other Income	Capital Grant Funding	Expenses	Transfer to Investment in Capital Asset Fund Balance	Balance End of Year
Sask Health initiatives						
Ministry of Health - Capital Projects	$ -	$ -	$ 8,128,275	$ 416,426	$ 7,711,849	$ -
Total Sask Health initiatives	-	-	8,128,275	416,426	7,711,849	-
Non Government of Sask initiatives						
Moose Jaw Health Foundation - diagnostic imaging	207,001	-	-	-	207,001	-
Total Non Government of Sask initiatives	207,001	-	-	-	207,001	-
Total Capital Fund	$ 207,001	$ -	$ 8,128,275	$ 416,426	$ 7,918,850	$ -
TOTAL EXTERNALLY RESTRICTED FUNDS	$ 539,974	$ 6,282	$ 8,128,275	$ 500,776	$ 7,918,850	$ 254,905

FIVE HILLS REGIONAL HEALTH AUTHORITY
SCHEDULE OF INTERNALLY RESTRICTED FUND BALANCES
For the Year Ended March 31, 2016

	Balance Beginning of Year	Investment Income Allocated	Annual Allocation (from unrestricted fund)	Transfer to unrestricted fund (expenses)	Transfer to investment in capital asset fund balance	Balance End of Year
Capital						
SHC Replacement Reserves						
Assiniboia Pioneer Lodge	$ 170,997	$ 1,870	$ 23,866	$ -	$ -	$ 196,733
Pioneer Housing - Lodge (Moose Jaw)	256,693	2,810	14,833	-	-	274,336
Pioneer Housing - Units (Moose Jaw)	301,171	3,130	12,000	-	-	316,301
Regency Manor	-	40	7,650	-	-	7,690
Total SHC	728,861	7,850	58,349	-	-	795,060
Other Internally Restricted Funds						
Grasslands Health Centre Roof - SGI	23,844	-	-	-	-	23,844
RHA cumulative surplus	28,497,108	-	186,610	-	(9,715,166)	18,968,552
Total Capital	**$ 29,249,813**	**$ 7,850**	**$ 244,959**	**$ -**	**$ (9,715,166)**	**$ 19,787,456**
Total Internally Restricted Funds	**$ 29,249,813**	**$ 7,850**	**$ 244,959**	**$ -**	**$ (9,715,166)**	**$ 19,787,456**

Schedule 5

FIVE HILLS REGIONAL HEALTH AUTHORITY
SCHEDULES OF
BOARD REMUNERATION, BENEFITS AND ALLOWANCES
For the Year Ended March 31, 2016

	2016							2015
RHA Members	Retainer	Per Diem	Travel Time Expenses	Travel and Sustenance Expenses	Other Expenses	CPP	Total	Total
Elizabeth Collicott	$ 9,960	$ 8,106	$ 919	$ 1,221	$ 113	$ -	$ 20,319	$ 22,157
Grant Berger	-	1,219	425	546	-	6	2,196	2,639
Janet Day	-	1,956	1,000	883	-	25	3,864	5,834
Gwen Eyre	-	2,238	500	1,975	3,745	67	8,525	-
Alvin Klassen	-	2,861	1,250	1,792	-	-	5,903	7,798
Tracey Kuffner	-	1,788	900	1,420	-	7	4,115	4,451
Brian Martynook	-	2,144	-	-	-	5	2,149	3,148
Cecilia Mulhern	-	931	500	796	-	13	2,240	5,482
George Reaves	-	1,719	675	841	-	-	3,235	5,236
Donald Shanner	-	2,755	-	-	-	-	2,755	2,706
Carol Wittman	-	2,625	475	973	3,745	86	7,904	-
Total	$ 9,960	$ 28,342	$ 6,644	$ 10,447	$ 7,603	$ 209	$ 63,205	$ 59,451

SENIOR MANAGEMENT SALARIES, BENEFITS, ALLOWANCES AND SEVERANCE
For the Year Ended March 31, 2016

	2016					2015		
Senior Employees	Salaries[1]	Benefits and Allowances[2]	Sub-total	Severance Amount	Total	Salaries, Benefits & Allowances[1,2]	Severance	Total
Cheryl Craig, CEO and President	$ 327,401	$ 5,984	$ 333,385	$ -	$ 333,385	$ 391,279	$ -	$ 391,279
Stuart Cunningham, Vice President	173,742	-	173,742	-	173,742	185,430	-	185,430
Kyle Matthies, Vice President	156,358	-	156,358	-	156,358	159,920	-	159,920
Wayne Blazieko, Vice President & CFO	192,003	-	192,003	-	192,003	383,956	-	383,956
Dr. Mark Vooght, MHO	177,615	-	177,615	-	177,615	279,481	-	279,481
Terry Hutchinson, Vice President	182,331	-	182,331	-	182,331	197,551	-	197,551
Dianne Ferguson, Vice President [3]	-	-	-	-	-	50,299	-	50,299
John Liguori, Vice President	165,352	-	165,352	-	165,352	157,671	-	157,671
Laurie Albinet, Vice President	189,394	-	189,394	-	189,394	213,291	-	213,291
Gilbert Linklater, Vice President [4]	57,755	-	57,755	-	57,755	220,358	-	220,358
James Allen, Vice President	167,356	-	167,356	-	167,356	180,188	-	180,188
Dr. Fred Wigmore, Medical Director [5]	316,722	-	316,722	-	316,722	316,722	-	316,722
Georgia Hutchinson, Vice President [6]	143,600	-	143,600	-	143,600	-	-	-
Total	$ 2,249,629	$ 5,984	$ 2,255,613	$ -	$ 2,255,613	$ 2,736,146	$ -	$ 2,736,146

1. Salaries include regular base pay, overtime, honoraria, sick leave, vacation leave, and merit or performance pay, lumpsum payments, and any other direct cash remuneration. The pay for performance compensation plan has been suspended for the 2014-15 and 2015-16 fiscal years. Senior employees will receive 100% of of their base salary for 2014-15 and 2015-16. For further details refer to Note 16 for further details.

2. Benefits and Allowances include the employer's share of amounts paid for the employees' benefits and allowances that are taxable to the employee. This includes taxable: professional development, education for personal interest, non-accountable relocation benefits, personal use of: an automobile; cell-phone; computer; etc. As well as any other taxable benefits.

3. Vice President retired April 30, 2014

4. Vice President retired April 30, 2015

5. Contracted Medical Director

6. Interim Vice President May 1, 2015

PAYEE LIST

PERSONAL SERVICES

Listed are individuals who received payments for salaries, wages, honorariums, etc. which total $50,000 or more.

Aasen, Dianne	$	51,921
Acu, Ma Luzvim		53,765
Adams, Cathy		65,573
Adrian, Shelly		84,460
Aghamelu, Uche		160,382
Akister, Gail		52,609
Albinet, Laurie		189,394
Allen, James		167,356
Allen, Thomas		100,780
Alraum, Isolde		92,785
Altwasser Bryant, Arla		98,703
Amies, Michael		129,652
Anderson, Lori		95,605
Anderson, Paula		85,159
Archibald, Jessica		66,998
Arens, Shannon		69,481
Arseneau, Maureen		85,639
Avery, Kerry		54,594
Awad El Kariem, Dr. Sawsan		357,219
Baillie, Dean		59,520
Bain, Joy		77,591
Bakke, Krista		107,856
Bakken, Carole		50,892
Barber, Andrea		56,094
Barnie, Sandra		69,869
Barrett, Elizabeth		107,033
Barrow, Wanda		50,015
Bartzen, Della		71,116
Bastedo, J. Roger		101,737
Batty, Heather		78,313
Batty, Kathy		62,389
Bauck, Deborah		98,037
Beaubien, Colette		98,613
Beauregard, Claude		63,721
Beausoleil Robb, Aline		65,128
Bechtold, Mike		59,363
Bedard, Philippe		68,231
Benallick, Mike		100,340
Bender, Blaine		73,883
Bender, Karen		87,501
Bengtson, Monica		88,222
Benson, Lisa		67,216
Berger, Donna		58,818
Berger, Shannon		71,969
Bilawchuk, Lyndon		53,801
Bilusic, Ivana		66,383
Blasco, Robin		51,403
Blazieko, Joann		96,726
Blazieko, Wayne		192,003
Bloch, Lisa Marie		66,263
Bochek, Heidi		57,510
Bohlken, Dawn		68,226
Booth, Mary Lee		122,668
Bouchard, Jill		108,439
Bourassa, Crystal		84,021
Bouvier, Coralee		94,357
Bouvier, Laurie		72,416
Brenner, Teresa		81,928
Brinton, Peggy		96,966
Brisbin, Katherine		92,107
Broadis, Cindy		50,501
Brodziak, Shelby		102,295
Broeder, Teresa		119,471
Brons Rhodes, Cecette		55,371
Broomfield, Pingjit		52,671
Bruneau, Christa		56,037
Bubyn, Barbara		54,750
Buckton, Michele		76,901
Budd Wutke, Darla		98,507
Budd, Stephanie		88,349
Buhler, Sherri		120,728
Buller, Bonnie		73,276
Bumphrey, Brenda		74,746
Burdzy, Abby		87,029
Burgess, Teryn		72,629
Butlin, Barbara		63,371
Cairns, Myles		130,687
Calvert, Joanne		71,607

Cameron, Lindsey	88,303
Cameron, Marcy	87,441
Campbell, Carol	85,364
Campbell, Nimone	94,099
Campbell, Patricia	100,927
Campbell, Shauna	97,950
Campeau, Caroline	106,926
Caragata, Angela	53,843
Carroll, Lee Anne	81,201
Cayer, Janice	124,942
Chaisson, Joseph	63,178
Chartrand, Lisa	102,819
Chawla, Ajay	93,571
Chawla, Kavita	83,275
Cheddie, April	112,483
Chow, Cara	81,742
Christmann, Christina	63,131
Clark, Carol	75,672
Clark, Kirsten	86,579
Closs, Karen	81,220
Cochrane, Rod	170,254
Cole, Lorlee	83,965
Colmin, Neil	51,206
Cooke, Liana	87,791
Corcoran, Rae	59,129
Corman, Tess	78,402
Costa, Cherry Lyn	51,452
Costley, Jeremy	98,240
Cox, Sheila	126,944
Craig, Cheryl	333,385
Craig, Heather	54,331
Cristo, Janet	80,030
Cronan, Melanie	55,549
Cruz, Amy	59,179
Cunningham, Stuart	173,742
D`Entremont, Marc	79,741
Dahl, Julie	55,845
Dale, Madison	70,852
Dancey, Colleen	84,824
Demassi, Kristy	91,322
Demeuleneare, Kathryn	103,583
Dempster, Jessica	57,259
Deobald, Brenda	110,038
Deringer, Gina	94,359
Diamos, Christian	59,862
Dick Andres, Susan	60,624
Dick, Denise	108,485
Dickson, Janet	73,820
Doepker, Bernie	93,949
Donley, Teresa	109,924
Dormer, Jared	69,778
Dowling, Michelle	71,539
Downey, Corrin	84,550
Downton, Hayley	94,003
Dreger, Wanda	90,572
Duncan, Kerri Ann	86,026
Durrant, Danica	51,204
Duzan, Nancy	64,013
Dyck, Diane	81,488
Dyck, Michelle	89,872
Dykes, Donna	54,729
Easterby, Cory	64,853
Ellert, Clara	87,966
Elson, Andrea	115,137
Engel, Barbara	53,127
Engler, Kathryn	90,217
Engstrom, Pamela	100,977
Ennest, Amanda	99,674
Erskine, Kimberly	105,794
Erwin, Dre	101,422
Etches, Dr. Robert	64,080
Ewanchuk, Ariana	55,030
Fafard, Charlene	53,031
Fauser, Clara	52,085
Ferguson, Denille	84,481
Ferguson, James	77,437
Fernell, Karen	90,304
Ferraton, Tamara	75,827
Fieldgate, Catherine	109,431
Firomski, Curtis	79,186
Fischer, Christine	122,825
Fjeldberg, Rynae	103,761
Flegel, Deborah	102,301
Fogal, Stacey	86,842
Fogel, Jill	71,348
Frank, Gwenith	96,242
Fraser, Dan	83,008
Friesen, Melissa	103,253
Froehlich, Deneen	99,723
Froehlich, Gillian	58,804

Froehlich, Kelly	81,802
Froehlich, Lynn	55,302
Froehlich, Shayla	72,004
Fryklund, Lois	97,666
Gadd, Lee Anne	71,973
Gallant, Donna	56,476
Garinger, Jana	127,652
Gaucher, Adrien	113,159
Gee, Teresa	94,060
Gere, Sonya	50,184
Gibbs, Lianna	61,627
Gibson, Jennifer	111,687
Gignac, Paul	50,063
Gilbert, Natasha	84,791
Gillies, Jennifer	84,648
Gleim, Sandra	100,097
Glover, Marcie	83,364
Godin, Fairlie	75,556
Good, Laurie	129,971
Goodison, Melonie	101,293
Goud, Dan	98,645
Grado, Derrick	87,760
Gray, Deborah	107,786
Griffin, Kathy	110,511
Griffiths, Ellen	75,553
Grosenick, Margot	55,424
Gummeson, Phyllis	83,204
Hadley Cole, Rona	95,972
Hager, Brad	81,089
Hall, Juanita	56,335
Hall, Tracey	78,401
Hallborg, Carla	64,484
Hallett, Bonnie	57,679
Hamm, Wrangler	68,972
Hansen, Amy	60,282
Hanson, Cynthia	111,019
Hanson, Stephanie	69,327
Hanson, Teresa	70,132
Hardy, Diane	81,617
Harkness, Teah	107,413
Hasmatali, Sheryl	106,435
Hassett, Cathy	51,913
Haukaas, Brenda	95,202
Hawley, Veronica	87,633
Hayden, Janice	79,858
Hayter, Dwayne	65,743
Heatcoat, Morgan	89,702
Heath, Stacey	103,301
Heilman, Heather	75,036
Heinrichs, Christina	83,167
Helland, Joanne	90,513
Hembroff, Connie	57,823
Hermanson, Starlene	86,751
Hewitt, Erin	66,661
Hobbins, Mary	52,292
Hogg, Jolene	96,962
Hoimyr, Ashley	84,011
Holovach, Lisa	102,905
Howard, Chere	85,284
Howe, Merle	50,141
Howick, David	58,976
Huber, Jillian	78,499
Huber, Marvin	114,564
Huculak, Corinne	79,491
Hudson, Allyson	98,842
Hudson, Donna	88,499
Hundeby, Janet	86,205
Hutchinson, Georgia	153,755
Hutchinson, Terry	183,141
Ireland, Diane	121,884
Isley, Karolayna	80,727
Jacobs, Megan	68,714
Jago, Terry	55,610
Jardine, Heather	73,238
Jarton, Angela	72,916
Johnson, Allyson	89,132
Johnson, Amy	106,229
Johnson, Cynthia	56,644
Johnson, Darren	112,123
Johnson, Elaine	100,729
Johnson, Heather	106,628
Johnson, Krista	84,896
Johnston, Olivia	56,201
Jones, Glorianne	50,261
Jones, Holly	50,019
Jordison, Lisa	52,472
Jordison, Sharla	75,600
Juell, Jody	96,598
Kabanuk, Jamie	51,242
Karst, Colin	108,046

Karst, Teresa	108,038
Keen, Leanne	81,789
Kell, Erin	65,739
Kelly, Elizabeth	56,271
Kernick, Sean	57,848
Kindrachuk, Joye	85,639
Kirkham, Sheri	60,399
Kirsch, Joyce	94,351
Kittler, Kendra	100,185
Kittler, Shelly	95,986
Kitts, Lynn	69,645
Klassen, Inge	99,647
Klisowsky, Brenda	72,306
Knelsen, Sharon	79,951
Knoss, Gayle	54,097
Knoss, Madison	87,573
Knudson, Katherine	63,416
Kohler, Bailey	82,907
Korbo, Shannon	52,221
Koshinsky, Valerie	54,380
Kossick, Jean	55,802
Kuffner, Janet	81,221
Kuling, Lia	80,582
Kuntz, Heather	93,123
Kusch, Sharla	66,408
Kwan, Cathy	54,508
Kwan, Rhonda	81,326
Lalonde, Janet	102,747
Lamarre, Ann	71,676
Lambert, Colleen	102,197
Langdon, Karyn	108,744
Larmour, Brent	50,701
Law, Linda	103,093
Lawrence, Jennifer	74,630
Le Courtois, Robin	95,407
Lennox, Tracey	50,209
Lewis, Shawna	92,080
Lewry, Patricia	94,520
Li, Hong	74,913
Liguori, John	165,352
Linklater, Bert	57,755
Liu, Yong	76,860
Lockhart, Naomi	56,927
Lowenberg, Candace	99,241
Ludke, Mona	90,462
Lugossy, Anne-Mari	53,579
Lukan, Keith	104,155
Ma, Kayla	69,558
MacFarlane, Tracy	52,142
MacKenzie, Dawnidell	75,045
Macknak, Susan	93,477
MacNeil, Melissa	59,972
MacNeil, Miranda	63,623
Maddess, Helen	88,475
Malcolm, Helen	61,133
Mall, Daljit	50,948
Marciszyn, Anne	58,293
Martens, Sherry	78,554
Martin, Randeana	54,040
Martina, Wendy	50,065
Martyniuk, Bonita	81,490
Matthies, Kyle	156,358
Maurer, Linda	101,824
Mawson, Teri	76,837
Mazurkiewicz, Jaclyn	98,695
McCallum, Rhonda	87,228
McDowell, Ashleigh	94,860
McFadden, Arin	84,986
McFadden, Brandy	96,657
McKenna, Jo-Ann	57,039
McLean, Tanya	73,907
McMaster, Rhonice	94,349
Medders, Steve	78,754
Medlock, Darla	50,038
Mellor, Sean	89,424
Mercer, Tina	64,475
Merifield, Danielle	92,108
Meshka, April	51,710
Messner, Donna	74,253
Michaud, Shannon	57,078
Miller Moyse, Gwen	84,193
Miller, Tamye	99,832
Mills, Remedios	55,493
Miskiman, Chad	116,840
Molde, Helen	97,282
Molsberry, Faye	52,842
Molsberry, Marjorie	76,754
Monea, Deborah	105,364
Moore, Jean	105,865
Morland, Darlene	103,333

Morland, Tanya	66,320
Morson, Jennifer	65,517
Mosley, Norma	61,674
Moulding, Donna	55,552
Mustatia, Stacey	74,362
Nanowski, Terry	77,107
Neal, Sheila	81,273
Neigel, Darcy	132,057
Neithercut, Kimberly	92,830
Nelson, Bonnie	99,992
Nelson, Evelyn	77,669
Neufeld, Diane	53,516
Newans, Robin	100,767
Nicholls, Brenda	109,548
Nicholson, Lennord	77,807
Nicholson, Raelynn	73,080
Nicolson, Sharon	98,427
Nightingale, Janelle	73,389
Nightingale, Laurianne	151,974
Nikolic, Shelley	62,768
Nilson, Deanna	76,656
Noble, Debbie	53,538
Noreen Smith, Jana	69,335
Obe, Olajide	96,869
Ofukany, Lindsey	95,096
Ogle, Wanda	107,633
Olarie, Renae	72,571
Olivier, Ryan	81,249
Ollenberg, James	85,898
Olson, Leigh-Ann	52,607
Olubanwo, Oluwakemi	52,353
Olynick, Terra	56,383
Oncescu, Tenille	64,017
Oram, Dianne	74,332
Osemlak, Pauline	107,255
Oshowy, Haley	57,341
Pagens, Carlie	75,073
Palaschuk, Rhonda	57,544
Palmer, Laurie	63,959
Palmier, Ann	51,538
Palting, Lilibeth	75,445
Papic, Karen	73,635
Pardy, Arlene	112,037
Parker, Lisa	110,197
Paterson, Marny	65,899
Paul, Alisha	79,056
Paul, Connie	86,317
Paull, Elizabeth	110,869
Paulowicz, Jeffrey	82,015
Pawelke, Linda	55,712
Payne, Dylan	84,423
Pearson, Shannon	75,953
Pecusik, Catherine	108,228
Pedersen, Tara	54,414
Peesker, Stephanie	87,311
Pennington, Margaret	52,464
Peskleway, Cindy	57,251
Petersen, Joanne	78,188
Peterson, Lance	96,930
Peterson, Serena	99,088
Petford, Rhonda	88,097
Petrovic, Betty	53,176
Petruic, Judy	64,047
Philipation, Dana	72,818
Philipation, Travis	109,261
Pierce Ryba, Taryn	85,281
Pilsner, Deena	64,106
Polos Fox, Shelley	104,583
Porras, Paul	52,454
Porras, Raphael	74,018
Price, Angela	75,532
Priel, Selena	55,125
Prior, Angela	81,732
Purdy, Karen	68,214
Quigley, Kimberly	79,020
Rader, Susan	55,925
Rafferty, Mary	83,493
Ramphal, Christine	81,638
Rasmussen, Raegan	72,133
Ray, Helene	55,732
Reaman, Viola	87,502
Reeve, Joan	51,769
Reeves, Jamie	59,053
Reimer, Kassi	68,143
Rhodes, Diane	68,132
Richards, Tracy	69,011
Richardson, Caroline	50,118
Rivard, Wendy	69,705
Roach, Jylian	91,683
Roach, Shelley	78,008

Robb, Donna	51,735
Roberts, Christa	75,983
Robertson, Jackie	96,715
Robertson, Margaret	109,406
Robinson, Bonnie	66,988
Robinson, Nicole	65,782
Rogers Zahariuk, Jill	61,047
Rogers, Alana	90,449
Rogoschewsky, Louise	54,127
Rollie, Wendy	96,532
Rolston, Wendy	55,047
Rommelaere, Leanne	62,202
Rossler, Katherine	112,375
Roy, Rebecca	52,589
Rumancik, Peter	56,421
Ruschkowski, Linda	70,757
Rusk, Kimberly	66,765
Rusnak Weekes, Nicole	66,259
Russill, Kelli	53,662
Rust, Johanne	115,862
Rusu, Troy	81,883
Rutherford, Judy	80,020
Ryan, Beverley	100,477
Ryerson, Ellen	55,015
Saladana, Rita	89,058
Salido, Deign	104,391
Salido, Joanne	84,771
Sanden, Wendy	92,591
Sanderson, Lois	67,651
Savage, June	106,507
Sawers, Denise	53,795
Schanoski, Paul	69,776
Schellenberg, Tara	96,251
Schellenberg, Wayne	92,138
Schick, Joyce	66,617
Schmidt, Kurtis	88,622
Schmidt, Marcie	93,912
Schneider, Arlene	79,595
Schutte, Greg	109,189
Schuweiler, Margaret	54,312
Scott, Deborah	104,577
Segall, Heather	107,955
Seiferling, Michael	108,373
Seip, Kim	93,010
Seman, Edward	100,894
Sereda, Dave	117,157
Shaer, Mika	81,141
Sharp-Precepa, Peggy	71,949
Sheldon, Kelly	56,550
Shiers, Mark	99,591
Shirkey, Patti	118,556
Shook, Connie	50,751
Shook, Darlene	97,787
Shular, Karey	78,413
Silzer, Sharon	74,942
Simmons, Lorna	77,689
Simpson, Jana	99,783
Sinclair, Juliet	97,068
Sipra, Muhammad	50,111
Smith, Brenda	84,616
Smith, Brenda L.	90,736
Smith, Jessica	68,335
Smith, Shelley	97,418
Sowden, Amanda	62,757
Spanjer, Candace	71,290
Sparks, Debbie	87,625
Spence, Laura	81,705
Spence, Vanessa	78,353
Spencer, Cathleen	77,182
Spies, Darcy	58,054
Squires, Wendy	61,759
St Onge, Angela	57,371
Stabell, Susan	78,584
Statham, Cheri	96,177
Steel, Brenda	97,515
Stenerson, Wade	72,627
Stephenson, Wanda	64,467
Stevens, Debra	90,711
Stevens, Taneil	55,216
Stevenson, Nadine	87,202
Stewart, Cathy	103,028
Stewart, Lindsay	106,978
Stewart, Shannon	78,408
Straub, Jacquelin	123,436
Striha, Lynn	97,989
Sujoldzic, Alen	70,951
Sullivan, Maureen	96,918
Svingen, Louise	91,439
Switzer, Betty	100,217
Szuch, Shantelle	102,776

Taylor, Lisa	75,489
Taylor, Melissa	72,547
Taylor, Monica	62,196
Terry, Ernest	60,317
Theede, Maryanne	56,249
Thibault, Michelle	51,516
Thibeault, Nicolle	51,213
Thiessen, Natalie	80,608
Thiry, Barbara	66,064
Thomas, Stella	51,988
Thul, Louise	109,660
Tiffen, Monique	88,151
Tipper, Lisa	79,883
Tollefson, Aubrey	55,733
Tomashewski, Tannis	78,731
Trafford, Sarah	66,722
Truscott, Trent	70,087
Tysdal, Elizabeth	69,608
Vaessen, Leisa	116,876
Van De Wiele, Terena	54,592
Van Nus, Matthew	108,316
Van Wyk, Deborah	51,041
Vargo, Regan	50,808
Vatamaniuk, Lisa	77,826
Veilleux, Elise	56,831
Veluthedath Anda, Roshan	117,466
Villanueva, Irvi Gale	72,401
Vooght, Dr. Mark	177,615
Waddington, Lisa	54,516
Waldenberger, Shelley	77,446
Waldenberger, Vanessa	99,364
Walters, Lucille	56,075
Walz, Jason	116,314
Wanner, Brian	78,277
Ward, Cheryl	97,778
Warken, Melanie	83,214
Warner, Tamara	67,115
Waselenko, Julie	77,034
Wasylenka, Dixie	116,985
Watson, Donna	83,599
Watt, Helen	51,845
Watteyne, Kristie	100,711
Webber, Christopher	68,826
Weber, Nicole	100,969
Wedel, Katrina	83,680
Weiss, Jennifer	65,500
Westgard, Britney	91,737
Westgard, Jennifer	82,564
White, Zosima	53,696
Whitney, Betty Ann	52,741
Wicharuk, Judy	108,929
Wiensz, Sabina	52,093
Wiks, Michelle	59,302
Wilkie, Elizabeth	68,968
Willatt, Linda	72,689
Williams, Breanna	92,255
Williams, Kathryn	90,754
Williams, Shannon	87,007
Williamson, Karen	101,561
Willis, Alyssa	96,761
Wilm, Joanne	53,425
Wilson, Deidre	59,483
Wilson, Jackie	84,071
Wilson, Karen	70,833
Winter, David	131,932
Wittal, Gerrilynn	104,671
Wolfe, Jacquelin	101,052
Woloschuk Connor, Laurie	84,962
Wong, Gail	73,661
Wood, Darcy	75,723
Work, Jodi	75,545
Wozniak, Yvonne	95,243
Yaschuk, Carie	97,316
Young, Vanessa	113,214
Zackrisson, Jessica	75,749
Zelada, Gabriela	89,891
Zelaya, Karina	54,946
Payees less than $50,000	24,943,243
TOTAL	**$ 74,925,397**

TRANSFERS

Listed, by program, are transfers to recipients who received $50,000 or more:

Extendicare	$	6,982,609
Hutch Ambulance Service Inc.		697,289
Individualized Home Care Funding		461,085
Moose Jaw & District EMS		2,223,966
Providence Place		14,965,291
Riverside Mission Inc.		61,579
Salvation Army		53,222
St Joseph's EMS Gravelbourg		358,248
St Joseph's Hospital Gravelbourg		5,756,575
Thunder Creek Rehab. Assoc. Inc.		2,066,307
TOTAL	**$**	**33,626,171**

SUPPLIERS

Listed are payees who received $50,000 or more for the provision of goods and services, including office supplies, communications, contracts and equipment

3S Health	$	5,659,904
Abbott Laboratories Ltd.		179,773
Acklands Grainger		148,946
Advanced Electronic Solution		310,466
Afolabi Medical Prof. Corp., Dr. Wale		161,950
Ahmad, Dr. M. Medical Prof. Corp.		489,187
Alberts Medical PC Inc., Martin		400,204
Alcon Canada Inc.		100,234
Allie Medical Prof. Corp., Dr. Babak		480,013
AMT Electrosurgery Inc.		68,821
Arjo Huntleigh		83,103
Arowolo Medical Prof. Corp., Dr. Modupe		152,493
Bard Canada Inc.		89,148
Baxter Corporation		172,486
Beckman Coulter Canada LP		112,407
Best Medical Professional Corp., James		298,731
Biomerieux Canada Inc.		97,372
Bio-Rad Lab(Canada) Ltd.		69,475
Bobcat Of Regina Ltd.		51,851
Bracco Imaging		59,427
Bunzl Canada		106,282
Burlodge Canada Ltd.		124,806
Business Furnishings		504,499
C&E Mechanical Inc.		250,664
C&S Builders Ltd.		674,800
Cadd:FM Management Services		50,646
Cadili Medical Prof. Corp., Dr. A.		56,817

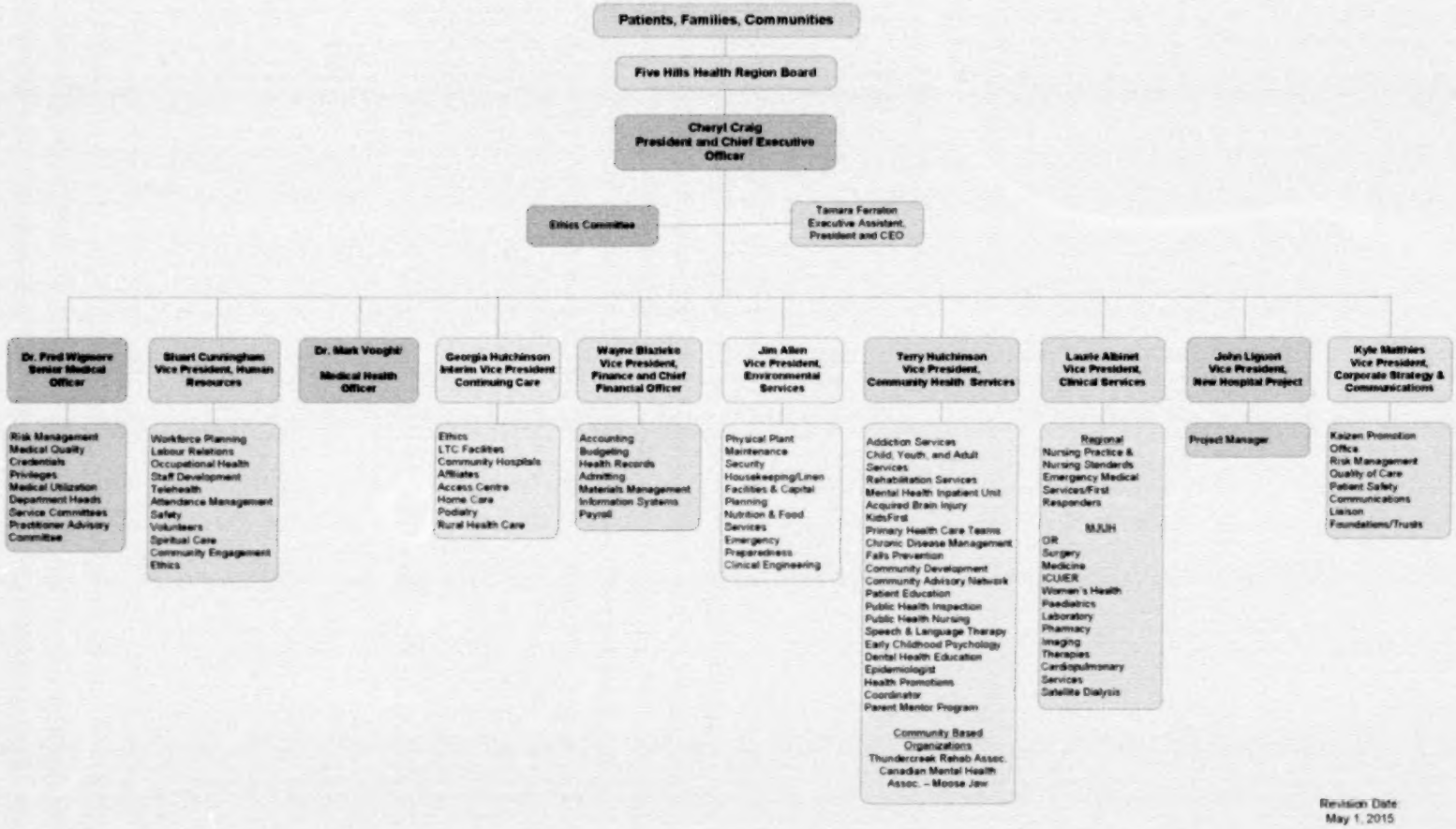
Calea Ltd.	76,319
Cardinal Health	574,057
Carefusion Canada 307 ULC	165,043
Carestream Medical Ltd.	63,598
Caretek Integrated Business	118,318
Caruso, Dr. Sonya	184,398
CDML Consulting Alb Ltd.	113,637
CDW Canada Inc.	147,127
Cheddie, Dr. Nishaan	54,193
Christie Innomed Inc.	217,003
Circa Office Interiors	1,159,537
City Of Moose Jaw	244,379
Covidien Canada ULC	345,814
CPDN 3130827 Canada Inc.	375,254
Crown Filing Systems	231,430
CU Credit Mastercard	319,361
De Guzman, Dr. Maria Cecilia	131,769
Dell Canada	80,388
Dutoit Radiology Prof. Corp. Inc., Awie	789,147
Easy Care Living Centre	89,244
Ecolab Ltd.	118,761
eHealth Saskatchewan	380,018
ESBE Scientific	85,193
Evolution Presentation Technologies	403,607
Fisher Scientific	83,434
Fubar Inc.	136,631
GE Medical Healthcare Canada	183,587
General Electric Canada Inc.	75,359
Getinge Canada Ltd.	377,810
Golden Opportunities Fund	53,568
Graham Design Builders LP	10,287,951
Graham/Boldt Constructors A JV	936,849
Grand & Toy	225,171
Grand Valley Press Ltd.	54,284
Great West Life Assurance Co.	529,654
Guirguis Medical Prof. Corp., Dr. W.	97,838
Hassan Medical Prof. Corp., Dr. Ziauddin	568,726
Health Sciences Assoc. Of Sask.	110,456
Healthcare Insurance Reciprocal	60,116
Heritage Medical Prof. Corp.	194,854
Hill-Rom Canada	150,626
Hologic Canada Limited	63,314
Hospira Healthcare Corp.	464,862
Hudson, Dr. Shauna	68,764
Impark	143,242
Inter Medico	63,967
Johnson & Johnson Medical	134,436
Johnson Controls Ltd. #C3039	565,476
Kavulu, Dr. Anne L.	83,106
KCI Medical Canada	106,216

KM Burgess Agencies Ltd.	147,946
Leica Microsystems	104,113
Lexmark Canada Inc.	155,991
Logibec Inc.	85,620
London Life	78,378
Loraas Disposal Services Ltd.	107,245
Louw Med Prof. Corp., Dr. Alexander	436,229
Madge Roofing Inc.	111,152
Malek Khalil Medical Prof. Corp.	617,815
Mamchur, Dr. Joel	113,088
Mancini, Dr. Stephanie	163,406
Maquet-Dynamed Inc.	78,829
Maree Medical Prof. Corp., Dr. Narinda	396,157
Marsh Canada Limited	110,297
McDougall Gauley LLP	108,772
McKesson Canada	562,628
McKesson Distribution Partners	141,135
Menalor Medical PC Ltd.	171,859
Miller Medical Prof. Corp., Dr. George	58,075
Minister Of Finance	530,503
Mobile Paving Ltd.	68,276
Moose Jaw & District EMS	64,348
Moose Jaw City Square Mall	73,771
Moose Jaw YMCA	87,443
Mortech Manufacturing Company	56,201
Moyosore Medical Professional Corp.	512,626
Niaz Medical Prof. Corporation, Dr.	50,532
Norval Medical PC Ltd., Dr. Ivan	58,724
Nwaeze, Dr. Ndidi	52,441
Ogle, Dr. Blair Medical Prof. Corp.	64,880
Oni, Dr. Oluwole	116,451
Ortho-Clinical D Can Holding Corp.	77,648
Oxoid Inc.	52,206
Pepsi Bottling Group	53,264
Philips Electronics Ltd.	3,689,530
PLS Sign & Graphic	88,373
Prairie Mobile Communications	64,150
Prairie Schooner	126,566
Primed Canada Inc.	56,547
Providence Place Foundation	259,447
Public Employees Pension Plan	142,674
Ramadan Medical Prof. Corp., Dr. Fauzi	55,527
Receiver General For Canada	27,076,767
Regan Medical Prof. Corp., Dr. M.	82,493
Regina Qu'Appelle Health Region	1,003,631
Reliable Heating & Cooling	254,678
Roche Diagnostics	52,859
Rodwan Medical Prof. Corp., Omar	54,456
Russell Food Equipment Ltd.	124,346
Saeed, Dr. Sabir	451,197

Saibaba Medical Professional Corp.	431,778
Salman, Dr. Anmar	295,205
Saputo Foods Limited	157,707
Sask Energy	471,444
Sask Power	1,504,662
Sask Registered Nurses Association	185,640
Sask Tel CMR	855,492
Sask Tel Mobility	191,908
Sask Workers' Compensation Board	1,471,012
Saskworks Venture Fund Inc.	79,880
Schaan Healthcare Products Inc.	1,897,443
Sechrist Industries, Inc.	94,586
Security Patrol & Investigators	136,578
SEIU Local 299 MJ	717,478
SHEPP	13,127,116
Shopper's Home Healthcare	293,934
Siemens Healthcare Limited	177,986
Silverado Demolition Inc.	120,750
Souster, Dr. Matthew D.	55,371
Soyege Medical PC Inc., Dr. Adeloye	446,305
Stantec	353,140
Stationwala Podiatrist Prof. Corp., Dr. Ata	217,094
Steris Canada Inc.	401,909
Stevens Company Limited	253,716
Stevens, Dr. Geoffrey L.	182,846
Stryker Canada Inc.	132,346
SUN Local 68	63,588
SUN Provincial	447,334
Suty Medical Imaging PC Ltd.	1,050,298
Sysco Food Services	1,735,495
Tabl Corporation, Dr. Samar	348,124
Teleflex Medical Canada Inc.	54,814
Three Form	118,924
Thunder Creek Rehab Assoc. Inc.	66,214
Toshiba	159,453
Town Of Gravelbourg	73,450
Trade West Equipment Ltd.	69,589
Tremeer Medical Prof., Dr. Cory	52,201
Ultraray Radiation Protection	110,699
Valley View Centre	755,785
Vanheerden Kruger, Dr. Johan	551,131
Vanwyk Prof. Corp, Dr. Gerrit	602,405
Vermaak, Dr. Jan	73,119
Vernacare	99,751
Vertue Medical PC Inc.	396,027
Virtus Group	53,572
WBM Office Systems	77,545
Wigmore MD Medical Prof. Corp.	363,325
Woodwyant	218,913
Youssef, Dr. Hany	98,836

Yusuf Medical Prof. Corp., Dr. Taiwo	552,423
Zimmer Biomet Canada Inc.	161,630
Supplier Payments under $50,000	7,251,103
TOTAL	**$ 112,352,761**

Appendix A
Organizational Chart



Revision Date
May 1, 2015

Appendix B
Community Advisory Networks

Communities and organizations our Health Region currently interacts include, but are not limited to:

Assiniboia Civic Improvement Association
Assiniboia Union Hospital Auxiliary
Badlands Recreational Committee
Briercrest College
Canadian Cancer Society
Canadian Diabetes Association
Cayer Trust (Willow Bunch)
Central Butte and District Foundation
Central Butte Community Health Council
Central Butte Union Hospital Auxiliary
Child Action Committee (Moose Jaw)
Child Action Group (Assiniboia)
Child and Youth Interagency Committee
Cosmo Senior Citizen's Centre
Craik and District Foundation
Craik and District Health Care Committee
Craik Auxiliary
Department of National Defense 15 Wing
Division scolaire francophone 310
Elbow Auxiliary
Emergency Measures Organizations
Emergency Response Planning Committee
Eyebrow Auxiliary
File Hills Tribal Council
Food Security Network
Grasslands Trust Fund Corp.
Grasslands Health Centre Auxiliary
Holy Trinity Roman Catholic Separate School Division No. 22
Housing Authorities
John Howard Society
Kincaid & District Health Centre Board Inc.
Lafleche District Health Foundation Inc.
Ludlow Trust
Medical Advisory Committee
Metis Nation
Moose Jaw & District Senior Citizens Association
Moose Jaw and District Interagency Committee
Moose Jaw Families for Change
Moose Jaw Health Foundation
Moose Jaw Mental Health Housing Committee
Moose Jaw Union Hospital Auxiliary
Mossbank Trust
Municipal Governments
Pioneer Lodge Assiniboia Auxiliary
Prairie South School Division No. 210
Regency Hospital Auxiliary
Regional Economic Development Authorities – Moose Jaw, Assiniboia, Red Coat
Regional Intersectoral Committee
Ross Payant Nursing Home Auxiliary
SIAST - Palliser Campus
South Central Recreation and Parks Association
South Country Health Care Foundation
Thunder Creek Rehabilitation Association
Transition House
Tugaske Auxiliary
Unions
Valley View Centre